An Employee-Owned Company

IMPLEMENTATION UPDATE GUIDE FOR CHCS S/W VERSION 4.51 TO VERSION 4.6 FOR PHR

D/SIDDOMS

CHCS II
COMPOSITE HEALTH CARE SYSTEM

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How To Use This Document

The Implementation Update Guide (IUG) is a reference manual for the implementation of CHCS Version 4.6. There is an IUG for each functionality. This IUG is applicable to the Pharmacy subsystem.

The Table of Contents provides an outline of the information contained in this guide. The document is divided into the following sections:

1. SUMMARY OUTLINE - Brief overview of changes-this can be used as a hand-out to all users.

2. SUBSYSTEM CHECKLIST - This is a step by step list of pre and post install implementation activities.

3. CHANGES AND ENHANCEMENTS - a description of each change with subsections including an Overview, Detail of Change, and File and Table Change.

4. APPENDIXES - applicable information pertaining to the implementation of Version 4.6 including Common Files changes, and a Master Checklist for all Subsystems.

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1. SUMMARY OUTLINE.

1.1 PHR DISPENSING OPTION ENHANCEMENT.

The Dispensing Option, released in V4.5, provides a means of documenting the dispensing of prescriptions. However, certain actions are inappropriate when taken against prescriptions that have a status of 'DISPENSED'. When you attempt to perform certain of these inappropriate actions, the system will now inform you that the prescription is in a DISPENSED status and ask if its status is to be changed to UNDISPENSED. If it is not undispensed, the inappropriate action cannot be performed.

1.2 FIRST DATA BANK - DRUG INFORMATION PHASE III.

Multiple drug products (NDC Numbers) can now be linked to a single drug file entry. This will allow safer utilization of compounded drugs. The clinical screening software is capable of acting against a maximum of eight NDC numbers or eight ingredients represented by NDC number(s). In some cases fewer than eight NDC numbers will represent eight ingredients. The drug information option, DUR reports and drug lookup have been modified to accommodate compounded drugs.

1.3 PHARMACY BAR CODE.

This functionality will allow the generation of Bar Coded prescription labels. This bar code may be scanned for patient or RX selection at the 'PATIENT or RX #:' prompt. It is especially helpful when used to mark RXs as dispensed via Dispensing Option (DRX) or Quick Dispense (QRX).

1.4 QUICK DISPENSE.

Quick Dispense (QRX) is a variation of the existing Dispensing Option. It differs in that its only intended use is the marking of a prescription as 'DISPENSED'; none of the other functions that can be performed via DRX are available. Quick Dispense is primarily designed for users whose only responsibility is that of physically dispensing prescriptions to patients.

1.5 AMBULATORY PROCEDURE UNIT.

Changes have been made to the software to accommodate Ambulatory Procedure Visits (APVs). A separate page is created by authorized

users to accommodate orders and procedures on the Ambulatory Procedure Unit (formerly referred to as Same Day Surgery). Clinical users may enter inpatient medication orders on this page, though the patients will still be identified as outpatients on CHCS. Pharmacy will essentially process these orders as inpatient orders, but they will be suppressed from cartlists.

1.6 MISCELLANEOUS CHANGES TO EXISTING SOFTWARE.

The following are miscellaneous changes to the 4.6 Pharmacy Software. Some are part of the Automatic Change Distribution Process (ACPD) or Special Releases and, as such, have already been made available to V4.5 alpha sites. They may or may not have been installed by these 'alpha' sites.

1.6.1 Print Unexpanded SIG in Outpatient DUR Reports.

The existing Drug Utilization Report (DUR)(sort options 1-5 in combination with the Detailed Data Report Option) will now print the unexpanded Sig in addition to the already printed patient name, prescription number, drug name, provider name, and quantity dispensed.

1.6.2 Bulk Clinic on ENTER STOCK ISSUE (ESI) Option.

It will no longer be possible to change the Bulk or Clinic Item fields via this option. If the item has not been defined as either 'BULK' or 'CLINIC' via the Maintain Stock Items by Ward/ Clinic (MSI) Option or Assign Item to Multiple Wards/Clinics (AIM) option, the stock issue text is displayed 'dimmed' and is not selectable. A message 'Bulk/Clinic Not Defined' displays in the inventory quantity column.

1.6.3 Formulary Group Default.

When you are logged onto an outpatient division and access the Formulary Inquiry Option (FIN), the system will default to the Formulary Group specified in the Outpatient Site Parameters. Previously, the system incorrectly defaulted to the first inpatient formulary group defined.

1.6.4 RX Number Consistency.

Most options on the Prescription menu required that the prescription number be entered as 'RXAnnnn'. However, Clear

Clinical Screening (CCS) required 'Annnn', and the three options on the Controlled Prescription menu (Complete, Return, and Remove an RX Transaction) required 'RX-Annnn'. Clear Clinical Screening and the Controlled Prescription menu items have been modified to allow the entry of either 'RXAnnnn' or the previously accepted formats.

1.6.5 Change Refill Grace Period Format.

In order that DOD Refill policy may be more easily complied with, the formats of the 'Refill Grace Period' and the 'Scheduled Refill Grace Period' (accessed via the Outpatient Site Parameters) have been changed. Where previously the entries represented the number of days 'early' a patient could request a refill, now the entries represent a percentage of calculated day's supply that must be used so that a refill request will not be flagged as 'early'. The default entries are 75%.

1.6.6 Change Sort in List Stock Issue Inquiry.

Previously, when searching for a Bulk/Clinic order via the List Stock Issue Inquiry (SII), it was necessary to scroll through a large number of orders as they were displayed in chronological order. The system has been changed so that the orders are now displayed in reverse chronological order. This allows more immediate access to orders most likely to be of interest.

1.6.7 DEERS Check (EBC).

CHCS will perform a DEERS eligibility check for all new prescriptions or refills entered via the pharmacy pathway, by clinical users, and for outside providers if a check has not been made in a specified time (defined in Pharmacy site parameters). There is no change to rules applying to DEERS fields in the Outpatient Site Parameters and the change is largely transparent to users.

1.6.8 Prescription Fill Cost Capture.

Capturing drug costs is necessary for third party billing reports. The Historical Fill Drug Cost functionality for CHCS gives the system the ability to calculate and store the cost of the drug for each fill of a prescription. It also allows users to edit the cost of the ordered drug for each fill of a prescription.

A new menu option, EFC, in Supervisory Functions allows pharmacy supervisors to edit the Fill Cost associated with each prescription fill.

1.7 PROVIDER SCREEN AND PROVIDER FILE REVISIONS.

This change redesigns the Provider File Enter/Edit screens. Obsolete data elements have been removed and remaining elements are rearranged for a more logical data grouping.

2. SUBSYSTEM CHECKLIST.

2.1 USER TRAINING.

The amount of user training required will be greatly influenced by whether or not the site decides to utilize Bar Code, the Dispensing Option Enhancement and/or Quick Dispense. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A one hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

2.2 IMPLEMENTATION ISSUES.

The impact of Ver 4.6 will depend largely on how the site is currently using the software and whether they decide to utilize Bar Code and/or any or all of the dispensing software. If they choose not to use any of this functionality, the effect on operations will be minimal. If, however, any of these is used, operations will have to change in significant ways.

If a site plans on using Bar Code:

___ Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to(three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

___ It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.

___ Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the **Division** level. It is either on or off for all outpatient sites in a particular division.

___ Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

2.3 INTEGRATION ISSUES.

___ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.

___ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '.[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet (PMIS).

___ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

___ The fill cost is transmitted to CEIS and MCHMIS.

___ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

2.4 FILE AND TABLE CHANGES.

Pre-Load:

___ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre-4.6 functionality)

___ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.

___ The printer(s) that will print bar coded labels must be defined in the Device File.

___ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).

___ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the software will process a compounded drug as if it were a single product.

___ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.

___ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.

___ Enter APU clinics in Ward Groups.

___ The local cost field in the Formulary must be populated for accurate cost reporting.

2.5 SECURITY KEYS.

There are no new Pharmacy security keys for Ver 4.6.

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3. CHANGES AND ENHANCEMENTS.

3.1 PHARMACY DISPENSING OPTION ENHANCEMENT.

3.1.1 Overview of Change.

This new functionality prevents the performance of inappropriate actions against prescriptions in a status of 'DISPENSED'. When any of these actions is attempted, the user is informed that the prescription status is 'DISPENSED' and asked if the prescription is to be 'undispensed'. If the user responds 'NO', the action cannot be performed. If the user responds 'YES', the prescription status is changed to 'UNDISPENSED'; the action can then be performed. An Activity Log comment may be entered, though it is not required. All actions are recorded in the Activity Log.

3.1.2 Detail of Change.

3.1.2.1 Inappropriate Operations.

In developing this functionality, the following definitions were followed:

A.	Original Fill:	The initial fill of a prescription (Fill No. 1 in the Fill Activity/Activity Log)
B.	Fill:	An initial fill that has been marked non-compliant and then filled again using the Refill a Prescription (RAP) Option.(Fill No. 2 or more in the Fill Activity)
C.	Refill:	A fill greater than an initial fill (Fill No. 2 or more in the Fill Activity/Activity Log)
D.	Fill State:	Derived from a combination of either A., B., or C. and the prescription's dispensing status, i.e. either 'DISPENSED' or 'UNDISPENSED'.

These operations are inappropriate when an **Original Fill** is in a 'DISPENSED' status: Edit a Prescription (EAP), Cancel a Prescription (CAP), Forward a Prescription (FAP), Partial Quantity Dispensed (PQD), Enter Noncompliance Data (NON), Return RX Transaction (RRT) (when marking an RX Noncompliant).

These operations are inappropriate when a **Fill** is in a 'DISPENSED' status: PQD, NON, RRT (when marking an RX Noncompliant).

These operations are inappropriate when a most recent **Refill** is in a 'DISPENSED' status: PQD, NON, RRT (when marking an RX Non-compliant), Remove a Refill Error (RRE).

3.1.2.2 Sequence of Operations.

The following sequence of operations enables the user to mark a prescription as 'UNDISPENSED' (where necessary) prior to proceeding with the selected option:

```
Menu Paths:       OPM -> PM -> EAP

                  OPM -> PM -> SPM -> CAP
                                      -> FAP
                                      -> PQD
                                      -> NON
                                      -> RRE

                  NSM -> CPM -> -> RRT (when marking a prescription
                                                  Noncompliant)
```

When a user enters a prescription number or selects a patient and associated prescription, following one of the above menu paths, the system will verify that its **Fill State** will allow the operation to be performed. If the prescription's Fill State is invalid for the selected option only because its status is 'DISPENSED' (and the action, therefore, inappropriate), the system will check the value of the Dispensing Profile Display Period (14 days or Pickup Grace Period + 4, whichever is greater). If this period has not expired, the system will prompt the user to change the status from 'DISPENSED' to 'UNDISPENSED' before the operation can continue. This process will be followed even if Dispensing Option was disabled subsequent to the dispensing of the selected prescription.

SAMPLE SCREEN - INAPPROPRIATE ACTION NOTIFICATION

```
Rx # A121220 has already been Dispensed.
This prescription must be marked Undispensed prior to proceeding.
Do you want to Undispense this Rx and proceed?  NO//
```

If the user accepts the default, the system will return to the 'Select PATIENT or RX #' prompt with no change to the prescription's status. If 'YES' is entered, but the user does not complete the original option, the Undispense action will **not** be

reversed. If the status needs to be returned to 'DISPENSED', The Dispense a Prescription (DRX) option must be used.

If the Display Period has expired and a prescription's Fill State requires that it be marked 'UNDISPENSED' prior to proceeding with an option, the system will display the following message:

SAMPLE SCREEN - NO ACTION NOTIFICATION

```
RX # A121221 has already been dispensed and has passed its Pickup Grace Period.
This prescription can no longer be marked Undispensed.
No action will be taken on this prescription.
```

Those options that do not require that the status be changed to 'UNDISPENSED' prior to proceeding with the action are not affected by the changes to this functionality. The unaffected options are: Renew a Prescription (RNW), Discontinue a Prescription (DAP), Modify a Prescription (MAP), and Hold/Reactivate a Prescription (HRP).

3.1.3 File and Table Change.

There is no file or table building necessary for this new functionality.

3.1.4 Implementation Issues.

Enabling the dispensing functionality is done at the **divisional** level, meaning that it will be enabled for all pharmacies in that division. So, if a pharmacy in an enabled division chooses to ignore the option, the Patient Order List (POL) will display the message 'Not Dispensed' even though that may not be true. Users must be clear about this. **If it is enabled and not used by all intra-divisional pharmacies, inaccurate messages - 'Not Dispensed' - will be displayed to the clinical user.**

Another important factor is that if the dispensing functionality is enabled and later disabled, all dispensing data is erased. The reason for this is that unrecorded dispensing actions may take place during the disabled period and that would result in a gap if the previous data were to be carried forward when the functionality is re-enabled. This gap - an inaccurate record - is unacceptable.

Pharmacy Training Issue: Marking a prescription as Noncompliant generates a mail message to the ordering HCP. If this is done through Dispensing Option, all prescriptions for a patient marked

in the same session are consolidated in one mail message. If it is done via NON, each prescription generates a separate message.

3.2 FIRST DATA BANK - DRUG INFORMATION PHASE III.

3.2.1 Overview of Change.

Previous to this functionality, the system supported the linking of only one NDC number (Primary NDC) to a drug file entry even if the drug was a combination of multiple drug products (compounded). The clinical screening software only acted against that Primary NDC and not against the NDC of any other product that was a part of that compounded drug. Similarly, drug inquiry, Drug Utilization Review (DUR) reporting, and drug lookups were governed by the Primary NDC only.

This new functionality supports the linking of multiple drug products (NDC numbers) to a single drug file entry. This includes adding a new entry or editing an old entry. There is no longer a Primary NDC.

The clinical screening software acts against a maximum of eight ingredients. In some cases (multi-ingredient products), this may be less than eight NDC numbers. The software will display a running tally of the number of ingredients represented by the NDCs as they are linked. Allergy, class overlap, duplicate and interaction checking will occur against each NDC number if the site has enabled these checks.

The drug information option has been modified to accommodate the display of compounded drug entries. DUR reports sort on the American Hospital Formulary Service (AHFS) classification codes that are associated with each product. Drug lookups by therapeutic classification allow selection by any one of the compounded drug's component drug products. Since compounded drug products are often used in unconventional ways that are not related to how each component may be used alone, no Patient Education Monograph (PEM) will be generated.

3.2.2 Detail of Change.

3.2.2.1 ADD/EDIT Drugs.

Menu Path: SFM -> FOM -> ADN

The menu path remains unchanged as does the process of entering a drug name - either existing or new. What is different is that the DRUG ADD/EDIT Screen replaces the existing PS DRUG EDIT screen. The new screen will allow multiple NDC numbers (up to eight ingredients) to be added, deleted, or changed. As with existing functionality, the user may enter an NDC number (with or without hyphens), a trade name, or a generic name.

SAMPLE SCREEN - DRUG ADD/EDIT

```
DRUG: KAOPECTATE/LIDOCAINE/BENADRYL

 Drug Name: KAOPECTATE/LIDOCAINE/BENADRYL

     Drug Route: PO                                                  Dosage
Strength:
     Content Unit:                                  Dosage Form: SUSP
     Default Unit:                                  Drug Check:
     Legal Status: 6
     Label Print Name: KLB GARGLE

Synonym:

     NDC Number 1:
     00009-0333-17 KAOLIN/PECTIN (KAOPECTATE) ORAL LIQUID
     NDC Number 2:
     00054-3500-49 LIDOCAINE HCL (ANEST) (LIDOCAINE HCL VIS)
     20MG/ML MUCOUS MEM SOLUTION
 +   NDC Number 3:

The total number of ingredients selected is 3
```

3.2.2.2 Clear Clinical Screenings.

When a warning is generated, the Clinical Screening software will display a 'Compound Drug' flag for those drugs defined with more than one NDC number. The screening will act against all NDC numbers.

SAMPLE SCREEN - DUPLICATE

```
                          >>> ORDER# NEW -- DOE,JOHN <<<
NEW DRUG-1:  ANALGESIC--IV SOLN
* 4-WARNINGS:      1-INTERACT 1-DUPLICATE 1-ALLERGY 1-OVERLAP 0-DOSAGE*
-------------------------------------------------------------------
#  WARNINGS                    DRUG / ALLERGY / DOSE
===================================================================
1  Duplicate Product(s)-Old Drug ASPIRIN--PO 325 MG
2  Interaction-Old Drug                      SALICYLATE--PO LIQ
3  Allergic Reaction Class       SALICYLATES; NSAID; PYRAZOLES
4  Class Overlap-Old Drug        ASPIRIN--RECT 325MG SUPP
-------------------------------------------------------------------
ENTER WARNING # FOR REPORT: 1   =PRESCRIPTION FC297
   Drug: ASPIRIN--PO 325MG TAB  Qty: 30
   HCP: JONES,JOHN   Refills left: 0 of 0 Last fill: 27 Apr 1997
   Sig: UD

   DRUG-A:  ANALGESIC--IV SOLN **COMPOUND DRUG**
   DRUG-B:  ASPIRIN--PO 325MG TAB
     Both drugs contain the same product(s):
     ASPIRIN

Press <RETURN> to continue
```

SAMPLE SCREEN - INTERACTION

```
////////////////////////////////////////////////////////////////

ENTER WARNING # FOR REPORT:  2    =PRESCRIPTION FC292
  Drug: SALICYLATE--PO LIQ **COMPOUND DRUG**   Qty: 1
   HCP: JONES,JOHN  Refills left: 1 of 1  Last fill: 11 Apr 1997
   Sig: UD
DEVICE:

////////////////////////////////////////////////////////////////
```

SAMPLE SCREEN - ALLERGY

```
////////////////////////////////////////////////////////////////

ENTER WARNING # FOR REPORT: 3
NEW DRUG: ANALGESIC--IV SOLN **COMPOUND DRUG**
PATIENT ALLERGY:
    ASPIRIN
////////////////////////////////////////////////////////////////
```

SAMPLE SCREEN - CLASS OVERLAP

```
////////////////////////////////////////////////////////////////

ENTER WARNING # FOR REPORT:  3    =PRESCRIPTION FC297
   Drug: SALICYLATE--PO LIQ  Qty: 1 **COMPOUND DRUG**
    HCP: JONES,JOHN   Refills left: 0 of 0 Last Fill 27 Apr 1997
    Sig: UD

New ANALGESIC--IV SOLN **COMPOUND DRUG**
Old SALICYLATE--PO LIQ  **COMPOUND DRUG**

Overlap occurred under the following Therapeutic Classifications:

     ANALGESICS, SALICYLATES
     MACROLIDES

////////////////////////////////////////////////////////////////
```

3.2.2.3 Drug Inquiry Report.

The Drug Inquiry Report will contain data related to each of the NDC numbers linked to the compounded drug.

Menu Paths:
- OPM -> DDI -> DRU
- UDM -> INM -> DDI -> DRU
- IVM -> VIN -> DDI -> DRU
- CLN -> Phy -> REF -> DFR -> DRUG

SAMPLE SCREEN - DRUG INQUIRY

```
                                DRUG INQUIRY REPORT

Drug: KAOPECTATE/LIDOCAINE/BENADRYL--PO SUSP

     Dosage Strength:                          Content Unit:
     Route: ORAL                               Form: SUSPENSION
     DEA Schedule: 6                           Drug Checks:
     Daily Dosage Checks:

                                               ** COMPOUND DRUG **
NDC Number:
00009-0333-17 KAOLIN/PECTIN (KAOPECTATE) ORAL LIQUID

00054-3500-49 LIDOCAINE HCL (ANEST) (LIDOCAINE HCL VIS)
MUCOUS MEM SOLUTION

00472-1227-04 DIPHENHYDRAMINE HCL (HYDRAMINE) 12.5MG/5ML
ORAL ELIXIR (Exp: 12/31/97)

AHFS Classification:
     ANTIDIARRHEA AGENTS
     ANTIHISTAMINE DRUGS
     LOCAL ANESTHETICS
  Therapeutic Overlap Classification(s):
     INTESTINAL ADSORBENTS AND PROTECTIVES
+
```

3.2.2.4 Effect on Reports of First Data Bank Updates.

Since the FDB Quarterly Update may delete or report expiring NDC numbers, the spooled reports generated by FDB Updates will indicate any compounded drugs affected by expiring or deleted NDC numbers.

```
------------------------------------------------------------------
                          EXPIRING NDC DRUG REPORT
------------------------------------------------------------------
Drug IEN                        CHCS Drug Name
Primary NDC/                    FDB NDC Description
------------------------------------------------------------------
2427                            KLB GARGLE ** COMPOUND **
00186-0360-01 LIDOCAINE HCL (ANES) (XYLOCAINE VIS)
20MG/ML MUCOUS MEM SOLUTION (Exp: 4/20/97)



                                NDC NUMBERS DELETED

Drug IEN                        CHCS Drug Name
Primary NDC
------------------------------------------------------------------
2427      KLB GARGLE ** COMPOUND **         58634-0001-01
Comment: THIS DRUG REFERENCED A REFORMULATED PRODUCT OR REUSED NDC
         NUMBER.
         NEW REFERENCE: GUAIFENESIN (ROBITUSSIN) 100MG/5ML ORAL SYR
         OLD REFERENCE: DIPHENHYDRAMINE HCL (BENADRYL) 12.5MG/5ML

                                 **END OF REPORT**
```

3.2.2.5 Effect on Drug Lookup of First Data Bank Updates.

The following are messages that will display when users do Drug Lookups on non-compounded drugs that have no linked NDC number and compounded drugs where an NDC number has been deleted by FDB:

Non-compounded Drugs:

```
PRAVASTATIN--PO 20MG TAB
**Interactions, Class Overlaps, Allergy checks disabled**
**Drug checking information is not available**
```

Compounded Drugs:

```
KAOPECTATE/LIDOCAINE/BENADRYL--PO SUSP
**Interactions, Class Overlaps, Allergy checks limited**
**Drug checking information for one or more components
  is Not Available**
```

Note the use of the word 'limited' rather than 'disabled'.

3.2.3 File and Table Change.

In order for this new functionality to be used, it is necessary to re-define compounded drugs via the Add New Drug (ADN) option. If this is not done, the functionality will process an undefined compounded drug as if it were non-compounded.

3.2.4 Implementation Issues.

Since the relative number of compounded drugs is low, no significant issues are anticipated. The file and table building will not require much time and the increase in drug warnings will be small.

3.3 PHARMACY BAR CODE.

3.3.1 Overview of Change.

This functionality allows the user to choose to generate bar code encoded prescription numbers which are printed on outpatient prescription (active and warning) labels. A new Outpatient Site Parameters field - 'Bar code enabled' - determines whether or not bar codes are generated for a particular site. The bar code can be scanned at any 'PATIENT or RX #:', 'Outpatient Clinical Screening:' prompt, or any 'Narcotic Complete Prescription Menu:' prompt and to select prescriptions/patients during Dispensing Option processing. The site will be responsible for acquiring properly configured bar code scanners. Datasouth 300 and Intermec 4100 printers and an Intermec 9720 Wedge Reader are supported. (See Appendix for configuration values)

3.3.2 Detail of Change.

3.3.2.1 Enable/Disable Bar Code.

'Bar code enabled' is a new Outpatient Site Parameters field which determines whether or not bar codes will be generated. The possible entries are: '1' which equals 'YES', '0' which equals 'NO, and NULL (" "). A 'NULL' entry is the same as a 'NO' entry. The default setting is 'NO'. A yes entry will cause bar code to print on all new, refill, and warning labels printed on bar code defined devices.

SAMPLE SCREEN - BAR CODE ENABLE FIELD

```
OUTPATIENT SITE: MAIN
     Site Parameters

Name: MAIN                                  Inactive: NO
Division: HOSPITAL                          Divisional Parent: YES
Formulary Group: FIRST                      Parent Site: MAIN

////////////////////////////////////////////////////////////////
Prompt for Label Printing: YES              Bar Code Enabled: Yes
Manual RX Labels: NO LABELS                 Clinical Screen Label: WARN
////////////////////////////////////////////////////////////////
```

3.3.2.2. Bar Coded Labels.

BAR CODE LABEL SAMPLES

```
CL: 7,9
BC:

    SITE HEADER                                   SITE HEADER
    SITE HEADER                                   SITE HEADER
    SITE HEADER                                   SITE HEADER

RxFC237          S GORDON XXX
PATIENT, JOHN      1034   XXX
TAKE ONE TABLET EVERY     XXX
MORNING                   XXX                *POSITIVE CLINICAL SCREEN *
                          XXX                *                         *
WARFARIN--PO 2MG TAB      XXX                *PATIENT,JOHN             *
                          XXX                *RX# FC251                *
REF LEFT 4 OF 4     #30   XXX                 *WARFARIN 2MG TAB         *
(25Mar97SG)               XXX                 **************************
RxFC237          25Mar97SG                          XXXXXXXXXXXXXXX
WARFARIN--PO 2MG TAB #30                            XXXXXXXXXXXXXXX

PATIENT,JOHN          1034
RxFC237          25Mar97SG
      XXXXXXXXXXXXXXX
      XXXXXXXXXXXXXXX

WARFARIN--PO 2MG TAB
                  (HCP)
REF LEFT 4 of 4
```

When bar codes are generated one will take the place of the patient's address on the 4th part of the label. If they are not generated. the patient's address will print.

3.3.2.3. Bar Code Enhancements to Dispensing Option.

Menu Path: OPM -> PM -> DRX

In addition to the changes instituted in the Dispensing Option Enhancement project, Pharmacy Bar Code contains an improvement to the method of patient/RX# selection. Now, when an RX# is either typed in or its bar code scanned at the 'Select PATIENT or Rx #' prompt, the dispensing profile for the associated patient will display with that RX# already selected. If the entered RX# is not selectable, the associated profile will display with no selection.

Individual prescriptions can be selected using the <Select> key or by scanning the prescription bar code. As before, <F11> can be used to select all; selected prescriptions are marked with an asterisk (*). When scanning a bar code, as opposed to using the <Select> key, selection can occur at any line on the screen. The cursor does not have to be on the same line as the prescription being scanned. After selection, all dispensing operations proceed as before.

Notes:
1. If a scanned bar code references either an unselectable prescription or a prescription not on the dispensing profile, a beep will sound an a message to that effect will display.
2. As with pressing the <Select> key twice, if a user scans an already selected prescription, that prescription will be deselected.
3. If the profile displays multiple fills of the same prescription, each fill must be scanned. If the number scanned is the number of fills plus one, all will be de-selected.
4. Prescriptions displayed on the "Undispense a Prescription" screen (reached via the c**O**rrection action item) are not preselected by scanning.

3.3.2.4 Use of Bar Code in Pharmacy Options.

The system will accept a scanned prescription bar code for single prescription selection at the initial prompt of the following options:

a) Menu Path: OPM -> PM

RAP Refill a Prescription

PRI	Prescription Inquiry
EAP	Edit a Prescription
CCS	Clinical Screening
RNW	Renew A Prescription
DAP	Discontinue a Prescription
DRX	Dispense a Prescription
LRP	Label Reprint

b) Menu Path: OPM -> PM -> SPM

MAP	Modify a Prescription
NON	Enter Noncompliance Data
RRE	Remove a Refill Error
CAP	Cancel a Prescription
HRP	Hold/Reactivate a Prescription
FAP	Forward a Prescription
QRX	Quick Dispense
PQD	Partial Quantity Dispensed.

c) Menu Path: NSM -> CPM

CRT	Complete RX Transaction
RRT	Return RX Transaction
REM	Remove RX Transaction

Upon acceptance of the scanned bar code, the system will enter the option as if the user had typed in an RX#. There are no changes to any of these options' functionality. Only one prescription may be scanned at the initial prompt. Chaining prescriptions (using a comma, e.g., RXA1234,RXA1235) can only be done through standard keyboard entry.

3.3.3 File and Table Change.

The Bar Code Enabled Outpatient Site Parameter must be set to 'YES'. The Datasouth and/or Intermec printers must be correctly defined in the Device File. The Bar Code Scanner(s) must be configured to read bar code symbology Interleaved 2 of 5 with a fixed length of 12. (See Appendix for feature values, Dip Switch settings and Device subtypes.)

3.3.4 Implementation Issues.

Datasouth printer bar code label generation will be significantly slower than that of non-bar coded labels. The print adjacent to the vertical bar code will be compressed and the patient's address will no longer print on the 4th part of the label. A trial period should be planned before activating on all printers

so that the site may evaluate the effect on operations. Intermec printers, while fast and quiet, will require a different label stock.

3.4 QUICK DISPENSE QRX.

3.4.1 Overview of Change.

Quick Dispense is a version of Dispensing Option. The only action that can be carried out via QRX is to mark a prescription as dispensed. Its 'Dispense' function processes prescriptions in exactly the same way as the full Dispensing Option. It is designed, primarily, for users with extremely limited system access. There is no processing speed advantage and considerably less functionality than is available to Dispensing Option users.

3.4.2 Detail of Change.

3.4.2.1 Enable/Disable Quick Dispense.

Enabling/Disabling Dispensing Option enables/disables Quick Dispense. It cannot be enabled/disabled independently. Both of these options operate at the **divisional** level.

3.4.2.2 Menu Path.

Menu Path: OPM -> PM -> SPM -> QRX

All users who can access the Prescription Menu will be able to access the Quick Dispense Option. There are no new security keys required. Users with more limited access may access it as a secondary menu option.

3.4.2.3 Sequence of Operations.

The initial prompt in the QRX option is the 'Select PATIENT or RX #' prompt. A patient name or RX# may be entered using the keyboard or a bar code may be scanned. If a number is entered, either by keyboard or scanning, a Quick Dispense profile will display with that prescription already selected. Bar Code, the <Select> key and the <F11> key function in the QRX option exactly as they do in the Dispensing Option (described earlier in **3.3.2.3**).

NOTE: The screen will only include prescriptions that can be dispensed. Prescriptions in Warning or Suspense status will not display.

SCREEN SAMPLE - QUICK DISPENSE PROFILE

```
Patient: LASTNAME,FIRST                                    Quick Dispense

FMP/SSN: 148-45-1300          Age:30      Sex:Male     Rank:N05

     RX#        DRUG                          STATUS      FILL DATE
* 1 A10363     CEPHARADINE--PO 250MG CAP     A        31 Jan 1997@0900
  2 A10364     ENALAPRIL--PO 10MG TAB        A(M)     31 Jan 1997@0904


  [Dispense]  eXit
```

The action bar conforms to CHCS standards. There are only two action items on the Quick Dispense Action Bar: **D**ispense and e**X**it. These action items function (including file updates and POL message display) in exactly the same way here as they do in the Dispensing Option; **D**ispense is the default action. Unlike Dispensing Option, Allergies are not displayed since Quick Dispense is designed for non-professional users.

3.4.3 File and Table Change.

If QRX is to be used, Dispensing Options must be ENABLED. The menu path is SFM -> OMM -> DPS. Some users may require QRX as a secondary menu option.

3.4.4 Implementation Issues.

The same considerations described in para 1 and 2 of section **3.1.4** apply here.

3.5 AMBULATORY PROCEDURE UNIT (APU).

3.5.1 Overview of Change.

Changes have been made to the software to accommodate Ambulatory Procedure Visits (APV's). A separate page is created by authorized users to accommodate orders and procedures on the Ambulatory Procedure Unit (formerly referred to as Same Day Surgery). Clinical users may enter inpatient medication orders

on this page, though the patients will still be identified as outpatients on CHCS. Pharmacy will essentially process these orders as inpatient orders, but they will be suppressed from cartlists.

3.5.2 Detail of Change.

The Same Day Surgery (SDS) clinic is now referred to as the Ambulatory Procedure Unit (APU). Patients visits to these clinics are known as Ambulatory Procedure Visits (APV's). Software changes have been made to accommodate recent DoD changes in the management of these visits. A clinic location is defined as an APV in the Hospital Location file (#44) with a type of "S/APU."

The pharmacy changes are minimal, but enhance the management of medication orders for these patients by allowing inpatient (MED) orders to be placed for these types of patients on a separate page called the APV page. Previously, work-arounds would have to be devised to allow for entry of unit dose (MED) orders for a Same Day Surgery (i.e., APU) patient. Either the patient would have to be admitted on CHCS, or a special clinic would have to be defined as an emergency room to accommodate unit dose orders. Now, with this enhancement, inpatient MED orders are allowed on the APV page. The patient is defined as an outpatient.

APV Page

A new Order Type, Ambulatory Procedure Request (APR) will create a separate Ambulatory Procedure Visit (APV) page for entering orders associated with the APV encounter. Once the order is activated, CHCS will communicate a schedule request for an APV appointment to the Patient Appointment Scheduling (PAS) software. This will link the APV page with the APU appointment and the APR order in CHCS.

The APV page and APR order can also be created by the PAS user when an appointment is 'Booked' using the site's current method of scheduling.

The APV page will allow the entry of all order types, including Diet (DTS) and Unit Dose Medication (MED) for these patients except orders for Admission/Disposition/Transfer (ADT) and Laboratory (LAB) orders with a collection method of LAB COLLECT.

The APV Minutes of Service (MAPV) option is new to the PAS software. This option can be used to activate the APV page and the orders on the page once the patient arrives on the unit for the procedure. The user will also use this option to document the times that: Nursing Intervention began, patient departed for

the procedure, patient returned from the procedure, and disposition.

When an inpatient episode becomes necessary as the result of the APV encounter, the authorized order entry user will be able to use the new ERA action to emergently disposition the patient and close the APV page.

See the Clinical and PAS 4.6 Implementation Update Guides (IUG's) for more detail on Clinical and PAS user functions on APU's.

Clinical APV Orders

The clinical user (Signature Class 0-4) can enter an Ambulatory Procedure Request (APR) order from the patient order entry page (ORE). This APR order will send a valid APV appointment request to the PAS software. This APV request must then be scheduled by the PAS software before the APV page and the orders on the page can be activated when the patient arrives in the APU. The orders on the APV page will not be active and can not be completed if the page is not activated.

Sample Screen

```
STEVENS,SAMANTHA      Age:42    20/801-66-0329          APR ORDER
AMBULATORY PROCEDURE REQUEST                        010621-00001
================================================================
 Requested APV Location : APU GENERAL SURGERY
 Requested APV Date/Time: 21 Jun 2001
 APV Procedure          :
  BIOPSY  (This is a 78 character free text field. Enter the name
           of the APV Procedure to be performed on the patient.)
 ** This information will display as the Reason for Appointment.

 Requested APV Physician: (Not required)

 Appointment Comment :
  (This is a free-text word processing field of unlimited length.
   Enter any appropriate comments regarding this APV procedure.)

----------------------------------------------------------------
[File/exit]  Abort  eXit
File changes and exit.
```

Once the order is filed, an APV POL page will appear to the left of the 'Outpatient' page. This page will become the current page for entering orders (unless the user has 'Quit' to activate the order). When the user 'Quits/Activates' the APR order, the status of the order will be 'Active/Pending Appointment' regardless what signature class the user entering the order holds. This page will remain to the left of the 'Outpatient' page at all times.

The APV page is available for the entry of all order types except APV orders, 'Lab Collected' laboratory test, and ADT orders. Medication and other orders placed on the APV page will have a status of 'FUTURE' until the APR appointment is marked 'KEPT' by the PAS user, or the authorized MAPV user.

It is recommended that the clinical user placing orders on an inactive APV page, use 'ADT' as the start date and time for orders. If 'NOW' or 'Today' is used, the orders will immediately be placed on 'HOLD' when the page is activated if the scheduled date is past the date on the order. The order will have to be modified or re-written. Again, the page is not active, therefore the orders are not active, until the PAS user enters the scheduled visit as KEPT.

Orders entered by the clerk level user (Signature Class 0), except the APR order, will change from the status of 'Future' to 'Inactive/Pending Signature' when the page is activated if the orders are not signed before the page is activated. These orders should be signed by a Nurse or HCP user before the patient arrives.

Note: The expiration dates for orders placed on the APV page will not reflect the typical 24 hour period for which an APV encounter is designed unless the user makes a manual adjustment to the expiration date.

Sample Screen

```
STEVENS,SAMANTHA      Age:42    20/801-66-0329        GEN-APV POL
------------------------------------------------------------------
  1 APR  APPT,FOR: APU GENERAL SURGERY on 21
         Jun 2001 {BIOPSY}
         ~Pend.Appointment~  . . . . . .   DOCTLA  21JUN@1444
  2 LAB  CBC PROFILE~WARD/CLINIC COLLECT~BLOOD
         ~LAV Starting ADT
         ~FUTURE~ . . . . . .  DOCTLA  21JUN@1444
  3 MED  IBUPROFEN-TAB (MOTRIN) >ORAL> 400MG
         Q4H {QD} PRN for 1 day Starting ADT@
         NOW {post OP pain}
         ~FUTURE~ . . . . . .  DOCTLA  21JUN@1444
------------------------------------------------------------------
 GEN-APV  *OUTPAT*


ACTION:
```

The use of Order Sets for frequently entered orders will assist the user in remembering to include the 'ADT' start date/time for all orders.

If an APU page is not yet activated but booked for an appointment, PAS may cancel the order. If no clinical orders or only canceled orders remain on the page, the page is eliminated as an Order Entry page. If orders are on the page in future or active status, the orders and APU page will remain and the APR order flagged "Pending Appointment."

If an APV appointment is "Canceled" or marked as "No-Show" by the PAS user and there are active Future orders o the APU page, the page will not be canceled, and the orders will remain on the page. The APR order status will change to "Pending Appointment" and can be re-booked by the PAS user if necessary. In the case where the appointment and APU page should be canceled and eliminated, the PAS user should cancel the appointment, then the Clinical user should cancel the APR order from the OUTPATIENT page. Both the APU page and the associated "Future" orders will be deleted. The APR order can only be canceled from the OUTPATIENT page.

When the APU encounter is completed, the MAPV user will enter a date/time of departure. This will inactivate the APV page. Orders that are not completed on the APV page at the time of inactivation will move to the Outpatient page until they are completed or expire.

If at any time it is decided that the APV patient must be admitted because of the APV procedure, the APV page must be inactivated before an Admission order can be entered. To inactivate the APV page, an authorized order entry user can use the new order action 'Emergency Disposition from the APU' (EDA) from the POL.

Pharmacy Processing of Orders from APU Page

The processing of Medications and IV's from the APV page will essentially be unchanged. The Pharmacy menus of Unit Dose (UDM), IV (IVM), Narcotic System (NSM), Pharmacy Support (PSM) and Outpatient (OPM) and associated options will still be used to support order processing.

The only orders available for processing from an APV page will be:

1) Orders flagged FUTURE on an APV page that has been SCHEDULED but not yet kept by a PAS use. These orders are available for first-dose processing.

2) Orders activated, when the APV page is activated via PAS action of a KEPT appointment, are accessible for all processing.

Procedurally, a page is normally activated and designated KEPT by a PAS user when the patient arrives for treatment. Therefore, any medication that should be administered prior to the patient's arrival should be ordered on the outpatient page for the appropriate date and time.

Pharmacy users may enter and maintain MED and IV orders for APV patients on the APV page also. Orders are entered as in current functionality with a requesting location of the patient's APU.

Future IV Labels

Menu Path: PHR > IVM > IOE or PHR > UDM > IOE

Future IV labels may be printed based on the SCHEDULED date of the APR order for a requesting location of APU.

SAMPLE SCREEN

```
                                        Select Future IV Orders

IV Room:  MAIN IV ROOM - MADIGAN//  MAIN IV ROOM - MADIGAN AMC, WA

IV Location Group:  ALL//
  ALLERGY APU
  CARDIOLOGY APU
  OPTHAMOLOGY APU

Select/Deselect IV LOCATION GROUP:

Earliest Date/Time:  NOW//     (3 March 1998@0800)

Latest Date:  TODAY+1@2359//  (4 March 1998@2359)

Type (A)dmission,   (T)ransfer,  Ambulatory Procedure (V)isit, (ALL):
  ADMISSION//
```

Future MED labels may be printed based on the SCHEDULED date of the APR order (see sample screen above). Menu Path: PHR > UDM > PFM.

MED order lists can be printed based on the SCHEDULED date of the APR order as well. Menu Path: PHR > UDM > PPM (Print MED Orders List).

Ward Groups for APU Clinics

APU's may be entered in Ward Groups which allow for suppression of cartlist printouts. This is important to establish so that APU medications are not added to the cartlist.

The following is a sample Ward Groups (WAG) screen.

```
WARD GROUP: APV Unit                                    Ward Groups

Division:  NAVY INPATIENT DIVISION Name:  APV Units
  Name: APV Units

  Select WARD/APU:
  ALLERGY APU   CARDIOLOGY APU
  OPTHAMOLOGY APU

Days Until Orders Expire: 7   Type: APU
Legal Schedules to Suppress from Cart List:
Contains Forwarded Orders:  NO


Ask for Help = HELP      Screen Exit = F10          File/Exit = DO
```

The prompt on the screen shown above in bold has been changed to "Select WARD/APU" to accommodate the APU enhancement. When adding a Ward or APU to the Ward Group, you are prompted:

"Are you adding 'APU ORTHO CLINIC' as a new WARD/APU (the 1st for this WARD GROUP? Y"

The user should enter the APU in their current division that is not in another Ward Group.

At the "Type" prompt, the choices are:

WARD	(MED Cart and Work lists print)
EMERGENCY ROOM	(Only Pharmacy labels will print)
CLINIC	(Only Pharmacy labels will print)
APU	(Only Pharmacy labels will print)

It is of course recommended that the APU entry is made for APU locations.

3.5.3 File and Table Change.

The Ward Groups should be changed in the Pharmacy software to accommodate APU's as detailed in section 3.5.2 to suppress the printing of APU Meds on Cartlists.

The Hospital Locations for APU's must be entered appropriately in the common files. See the 4.6 Common Files IUG for details.

3.5.4 Implementation Issues.

Procedures for entry of APV orders should be discussed between Pharmacy, Clinical and PAS/PAD supervisors for the timely ordering and processing of medication and IV orders on APV patients.

Pharmacy users should be familiar with the Clinical entry of APV orders for trouble shooting. If timing problems occur due to order entry or PAS/PAD mistakes, pharmacy will not be able to process orders coinciding to an APV patient's visit.

3.6 MISCELLANEOUS CHANGES TO EXISTING SOFTWARE.

3.6.1 Print Unexpanded Sig in Outpatient DUR Reports.

If the user selects sort options 1-5 and the Report Option Combination (1), Detailed Data Report (No Totals), then the unexpanded Sig will print on the report.

Menu path: PRM -> DUR -> ODU ->

```
DO YOU WANT TO SORT BY:  1)PATIENT, DRUG AND PHYSICIAN
                         2)DRUG, PATIENT AND PHYSICIAN
                         3)PHYSICIAN, DRUG AND PATIENT
                         4)AHFS CLASSIFICATION, PHYSICIAN
                           AND PATIENT
                         5)MEPRS CODE, DRUG AND PATIENT
                         6)OTHER

Select SORT OPTION (1-6):1 PATIENT, DRUG AND PHYSICIAN

1)Detailed Data report (No Totals)
2)Grand Total Report
3)Division/Site Total (Summary)
4)Division/Site Total (Detailed)

Select REPORT OPTION COMBINATION:1
```

SAMPLE OF OUTPATIENT DUR REPORT

```
                OUTPATIENT PHARMACY DRUG UTILIZATION REVIEW
                            Sorted By: Patient
                For Fill Dates: 18 Apr 1997 through 18 Apr 1997
                Division: A DIVISION, Outpatient Site: MAIN

Patient      FMP/SSN      RX#    DRUG                 QTY Physician  Type

OPTION,EIGHT 20/808451202 A12899 WARFARIN--PO 5MG TAB 30  JONES,JOHN NEW
Sig: T1 QD
```

Note: The unexpanded Sig will be truncated at 122 characters. A "+" character at the end of the Sig line indicates the existence of further Sig information for that prescription.

3.6.2 Bulk Clinic on Enter Stock Issue (ESI) Option.

Menu Path: PSM - BIM - ESI

If an item has not been defined as either a 'BULK' or 'CLINIC' issue via the Maintain Stock Items by Ward/Clinic (MSI) or the Assign Item to Multiple Wards/Clinics (AIM) options, then that item is displayed 'dimmed', is not selectable, and a message displays. Non-pharmacy users (or users without "Pp" FileMan Access codes) will not be able to add stock issue items that do not appear on the issue list. Pharmacy users (holding "Pp" FileMan Access Codes) may add items if they are defined in the Location Stock File; the items must defined as either bulk or clinic prior to filing.

SAMPLE SCREEN - ESI OPTION

```
                    New Bulk/Clinic Issue Item Selection
                    Ward/Clinic Location: EMERGENCY ROOM

ASPIRIN                                          Min: 6  Max: 12
TYLENOL
    **Bulk/Clinic Not Defined**
```

3.6.3 Formulary Group Default.

Self-explanatory, see section **1.6.3**.

3.6.4 RX Number Consistency.

Self-explanatory, see section **1.6.4**.

3.6.5 Change Refill Grace Period Format.

Menu Path: SFM - OMM - SIT

The mechanism for determining whether or not a refill request is 'early' or not has been changed. Prior to Ver 4.6, the user entered a number in the 'Refill Grace Period' and the 'Scheduled Refill Grace Period' fields. These entries equaled the number of

days before the calculated supply exhaustion date that a refill request would be accepted, i.e. not 'early'.

In Ver 4.6, the mechanism is a determination of what percentage of the calculated days supply has been exhausted. The user enters numbers in the re-formatted fields and those numbers are the percentage of the calculated days supply that must used for a refill request to be accepted. The default is 75%.

Note: the 'early refill' notification to the user remains unchanged; "...X days early".

SAMPLE SCREEN - PERCENT OF DAYS SUPPLY

```
OUTPATIENT SITE: MAIN                          Site Parameters

//////////////////////////////////////////////////////////////////
Manual Rx Labels: NO LABELS        Clinical Screen Label: WARN
Percent of Days Supply
    -Refill Grace Period: 75
    -Scheduled Refill Grace Period: 75
Pickup Grace Period: 15            Warning Grace Period: 5

//////////////////////////////////////////////////////////////////
```

3.6.6 Change Sort in List Stock Issue Inquiry.

Self-explanatory, see Section **1.6.6**.

3.6.7 DEERS Check (EBC).

3.6.7.1 Overview of Change.

CHCS will perform a DEERS eligibility check for all new prescriptions or refills entered via the pharmacy pathway, by clinical users and for outside providers if a check has not been made in a specified time (defined in Pharmacy site parameters). There is no change to rules applying to DEERS fields in the Outpatient Site Parameters and the change is largely transparent to users.

3.6.7.2 Detail of Change.

The eligibility check will occur after the user has successfully filed the new prescription or prescription refill, and the following conditions exist:

1. If the user's pharmacy Outpatient Site parameter DEERS Check-Disable is enabled.
   Menu path: CA -> PHR -> SFM -> OMM -> SIT

2. The patient has not received a check since the time specified in the user's pharmacy's Outpatient Site parameter DEERS Check-Days.
   Menu path: CA -> PHR -> SFM -> OMM -> SIT

Detailed Workflow

Currently, pharmacy only requests a DEERS eligibility check when a new prescription is entered via the pharmacy pathway from a requesting outside provider. An outside provider is determined when he is associated with a MEPRS CODE whose first two characters are FC.

With Enrollment Base Capitation (EBC), CHCS will perform a DEERS eligibility check for all new prescriptions or prescription refills entered via the pharmacy pathway regardless of the requesting provider.

A. The DEERS eligibility check will be performed whenever a new or refilled prescription is successfully entered via the pharmacy pathway.

   Menu paths

   1. CA/PHR/OPM/PM/RX (new prescription)
   2. CA/PHR/OPM/PM/RAP (refilled prescription) or
   3. Secondary menu PSTENH(refilled prescription

B. Prescriptions entered via the clinical Order Entry functionality will NOT perform the DEERS eligibility check. It will be assumed that the provider entering the Rx is associated with a clinic who has performed the eligibility check.

C. Prescriptions that are modified or renewed via the pharmacy pathway will NOT perform the DEERS eligibility check.

D. This project will NOT change any other business rules which current pharmacy software uses to request DEERS

eligibility. For example: The pharmacy user with security keys of PSO MAINTENANCE and PSO SUPER can disable DEERS check and/or determine the number of days since the last DEERS check via the menu pathway: CA/PHR/SFM/OMM/SIT. Also, If the pharmacy enters multiple prescription requests for a patient who needs a DEERS eligibility check, the system will perform the check for each prescription request until the DEERS system has responded and the results have been stored into CHCS.

Interfaces

The following remote systems are now interfaced with CHCS or have requested enhancements to CHCS messages in anticipation of doing so in the near future.

1. Defense Eligibility Enrollment Reporting System (DEERS).

   a. FUNCTIONALITY: Provides a history of a patient's medical eligibility and performs other patient oriented functionality.

   b. CURRENT USE: in current use at CHCS sites.

   c. CHCS has an application called CAS/CDI which continually runs in the background to collect DEERS request, format a special DEERS message format, transmits the message to DEERS, receives a response back from DEERS and stores the result in the CHCS database.

   d. SENSITIVITY: Sensitive patient data is exchanged.

3.6.7.3 File and Table Changes.

None necessary if the facility desires to continue the frequency of present DEERS checks.

3.6.7.4 Implementation Issues.

This project will NOT change any other business rules which the current pharmacy software uses to request DEERS eligibility.

3.6.8 Prescription Fill Cost Capture.

3.6.8.1 Overview Of Change.

Capturing drug costs is necessary for third party billing reports. The Historical Fill Drug Cost functionality for CHCS gives the system the ability to calculate and store the cost of the drug for each fill of a prescription. It also allows users to edit the cost of the ordered drug for each fill of a prescription. This drug cost will also be included in HL7 messages generated by the system and transmitted to CEIS. The Fill Cost will be calculated and stored whenever the prescription is new, refilled, edited, partialed or a completed partial.

A new menu option, EFC, in Supervisory Functions allows pharmacy supervisors to edit the Fill Cost associated with each prescription fill.

Fill Costs will not be displayed on any patient prescription profile nor will there be a conversion to populate the new Fill Cost field on existing prescriptions.

3.6.8.2 Detail of Change.

Each time a new fill is created the system will calculate and store a Fill Cost. If the prescription is edited, partialed or becomes a completed partial a new Fill Cost for the affected fill will be calculated and stored.

A. The Fill Cost will be calculated as follows:

   If the filling site's associated formulary group contains a local cost, Fill Cost will be calculated by multiplying the local cost by the fill's quantity.

   If the filling site's associated formulary group does not contain a local cost, the Fill Cost will be calculated by multiplying the fill's quantity by the first local cost the system finds when sequentially searching through the formulary groups.

   If no formulary group has a local cost, the Fill Cost will be zero.

Detailed Workflow

The Prescription File (#52) multiple, Fill Dates (52,3) contains a new field, Fill Cost (52,3,12).

A. The following actions will cause the system to calculate (or recalculate) and store a Fill Cost:

1. Creation of a new prescription
2. Editing of a prescription
3. Refilling of a prescription
4. The partialing of a prescription
5. The completion of a partialed prescription

This also includes modified,renewed and forwarded since a new prescription is created from those actions

B. The Fill Cost will be calculated as follows:

1. If the filling site's associated formulary group has a local cost defined, the Fill Cost will be calculated by multiplying the local cost by the fill's quantity.

2. If the filling site's associated formulary group does not have a local defined, the Fill Cost will be calculated by multiplying the fill's quantity by the first local cost the system finds when sequentially searching through the active formulary groups. The sequential search will be by the formulary group's internal entry number.

3. If no formulary group has a local cost defined, the Fill Cost will be zero. In all the cases described above, the fill quantity will equal the quantity ordered except for fills that are partialed or incomplete partials.

4. If the calculation of the Fill Cost results in a number larger than what can be stored within the field, in this case 9999.99, the system will store the maximum amount, 9999.99.

5. With new fills and refills, the fill quantity will equal the quantity ordered.

6. With partialed prescriptions, the fill quantity will be equal to the partialed fill quantity (QTY) as stored in the fill multiple of the prescription. For example, if the prescription

was for 90 tablets but was partialed for 30, then the Fill Cost will use 30 as fill quantity. With completed partials, the fill quantity will be equal to the original quantity ordered and not the remaining quantity owed to the patient. Since no changes to the fills quantity occurs for incomplete partials, no updating will occur; the Fill Cost will be equal to the partial fill quantity.

C. CHCS will allow users to edit the Fill Cost for any fill through a new pharmacy option, Edit Fill Costs (EFC). This option is in the Pharmacy Supervisory Functions Menu, but may be assigned as a secondary option.

Menu Path: CA-> PHR-> SFM-> OMM-> EFC

1. Menu Help text to the new Edit Fill Costs option:

This option allows you to edit the fill costs associated with any fill of a prescription. Only the fill costs are editable; all other fields are display only. All prescriptions and fills are available for editing, including fills processed at other sites or divisions. The system will not generate an activity log when a fill cost is changed.

D. The new option will prompt the user for the standard "Select Patient or RX#" prompt. The prompt will function identically to the prompt that appears on any of the outpatient prescription options. Several prescriptions can be entered by chaining them together using commas (e.g., RXA10234,B9567, AA95666). When selecting a patient, the system will allow the user to choose one or several prescriptions from the patient profile. When selecting more than one prescription, each prescription will be processed in order.

E. Upon prescription selection, the system will bring up the Fill Cost Edit screen (refer to screen #1).

Sample Screen #1 - Fill Cost Edit Screen

```
                                                    Edit Fill Cost
Rx#: A12210
Patient: LEVINSON,ELIZABETH                FMP/SSN: 20/149-54-1045
Drug: PSEUDOEPHEDRINE--PO 30MG TAB

 Fill Date      Fill No.  Fill Type    Qty    Site      Fill Cost
-------------------------------------------------------------------
18 Dec 1996@15135  2      REFILL       30  ARMY DIVISION
06 Jan 1997@15161  3      REFILL       30  A DIVISION MAIN
24 Jan 1997@15162  4      REFILL       30  ARMY DIVISION    35.45
20 Feb 1997@15164  5      REFILL       30  ARMY DIVISION
18 Mar 1997@15171  6      REFILL       30  A DIVISION MAIN
18 Apr 1997@15174  7      REFILL       30  AIR FORCE MAIN
28 Apr 1997@15175  8      REFILL       30  ARMY DIVISION    33.50
20 May 1997@15180  9      REFILL       30  A DIVISION MAIN  35.00
10 Jun 1997@15181  10     REFILL       30  A DIVISION MAIN
15 Jun 1997@15183  11     REFILL       30  A DIVISION MAIN  28.50


                   Press PF1,H to end session
  Help = HELP      Exit = F10     File/Exit = DO
```

The cursor appears on the bottom of the screen underneath the most recent fill. The list will always display the fills in chronological order with the most recent fill last. As depicted above, the display will hold up to 10 fills; displays with more than 10 fills will depict a "+" sign at the top of the list. The system will allow the user to scroll up or down the list using the standard navigating keys (e.g., arrow keys to move up, F7 for bottom, F8 for top).

A user can choose to end the session and not process any further prescriptions by pressing PF1,H.

F. The Fill Cost will be the only editable field; all the other fields on the screen will be display only. All fills will be editable, including fills processed at sites outside of the user's current division or allowable divisions.

To edit a particular fill, the user positions the cursor next to the appropriate fill and presses return. The cursor immediately goes to the Fill Cost field which can then be edited. The Fill Cost field will not be mandatory.

There will be no audit trail or activity log created whenever the Fill Cost is populated or edited.

G. For Version 4.5, no HL7 message will be generated when a Fill Cost is edited.

To support Enrollment Based Capitation the system will add the Fill Cost information to the existing Pharmacy Dispense HL7 message that is broadcast each time a new prescription is printed or whenever a prescription is edited, refilled, partialed, or a becomes a completed partial and a label is printed. Messages are also triggered whenever a prescription is marked non-compliant, or when a refill entered in error is removed. Reprinting a prescription does not trigger a new message. These messages and message triggers are identical to the to the MHCMIS messages that are currently broadcast and will now be used for Enrollment Based Capitation.

Since a cost field already exists within the current MHCMIS message, a new field will not be added. Prior to this new functionality, this cost field was empty.

H. The Fill Cost field will allow entries from 0 to 9999.99, but it can also be null. The field will allow dollar amounts with leading and trailing zero (e.g., 35.00, 0.75). If the user enters an amount equal to or greater than without two trailing zeros, CHCS will automatically display them. If a user enters an amount less than one without a leading zero, the system will automatically include the leading zero.

The Fill Cost field's help text will be as follows:

Enter a number between 0 and 9999.99

This field holds the cost of the drug per fill. It is calculated by multiplying the filling site's associated formulary group's local cost by the fill's quantity. If the filling site's formulary group doesn't have a local cost defined for the drug, then the system uses the first local cost it finds in any active formulary group. If there is no local cost defined in any formulary group, the Fill Cost will be zero.

The fill quantity will always be equal to the total quantity ordered except for partialed prescriptions. For partialed prescriptions the fill quantity will be equal to the partial quantity dispensed.

You may enter a new Fill Cost or edit an existing one.

Interfaces

This project adds the Fill Cost of a prescription to the existing MHCMIS HL7 messages.

3.6.8.3 File and Table Change.

None required.

3.6.8.4 Implementation Issues.

A. The local cost of a drug must be defined as **cost per unit**. A unit could be a capsule, tablet or expressed as grams or milligrams.

B. CHCS will use a DOD provided drug costing algorithm to calculate the Fill Cost. For accurate billing, the cost reports should include new, refills, incomplete and completed partials and ignore partialed fills unless the prescription is discontinued or expired.

3.7 PROVIDER SCREEN AND PROVIDER FILE REVISIONS.

3.7.1 Overview of Change.

This change redesigns the Provider File Enter/Edit screens. Obsolete data elements have been removed and remaining elements are rearranged for a more logical data grouping.

The Provider file contains information about physicians and other hospital employees who render care to patients. The other employees may be nurses, corpsmen, technicians, and other health professionals. Civilian providers are also included in this file if they write prescriptions or tests that are later filled/performed at the MTF or if they are network providers under the auspices of the Managed Care Program.

The Provider file is a CHCS Common File, in that its entries are accessed and used by all other subsystems of CHCS.

Please refer to the Common Files IUG for more details on this change.

3.7.2 Detail of Change.

Please refer to the Common Files IUG for details of this change. The initial provider entry screen appears as seen in screen # 1 below.

PROVIDER ENTER/EDIT

```
PROVIDER: QUINCY,JACK                    DOD PROVIDER ENTER EDIT

                        NAME: QUINCY,JACK
                Provider Flag: PROVIDER
   Select PROVIDER SPECIALTY:
     INTERNIST
     CARDIOLOGIST

                HCP SIDR-ID: 011100
                   Location: DERM CLINIC
                      Class: PHYSICIAN
                Provider ID: CARTTL
                   Initials: TLC
                        SSN: 656-11-3276
                       DEA#: CD152433
                       HCP#: 37669085431
                  Clinic ID: DERM CLINIC
              Department ID: MEDICAL DEPT
        Date Assigned to MTF: 10 Aug 1994
                      Title: ASSISTANT DEPT CHIEF
           Signature Block: THOMAS L CARTER, LTC, MC, USA
                Supervisor: LICHTENSTEIN,DON
```

All other screens with changes may be viewed in the Common Files IUG.

3.7.3 File and Table Changes.

Refer to the Common Files IUG

3.7.4 Implementation Issues.

Refer to the common files IUG

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APPENDIX A:

GENERIC/COMMON FILE CHANGES

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A.1 SUMMARY OUTLINE.

This Section provides a brief summary of the software changes in CHCS Version 4.6 from baseline CHCS Version 4.5 which affect CHCS common files.

A.1.1 UIC TOTAL SOLUTION.

The ability for users to use free text to designate a Station/unit in mini and full registrations (The "Use as is?" option) has led to a number of coding and data inconsistencies across all of CHCS. Changes have been made to force users to select entries which are contained within the Unit Identification Code file. In addition, a conversion has been written to try to convert all of the free text entries to valid entries. Many new options have been developed to maintain the UIC file and make it easier for users to select an appropriate Unit for patients.

A.1.2 MTF DATA NO LONGER SUPPORTED.

The Medical Treatment Facility (MTF) File has been used historically in CHCS to designate the Medical Treatment Facilities belonging to the Department of Defense and other facilities with which they associate. As such, entries in this Class 1 file have been used throughout the software to not only designate individual facilities but to also designate the CHCS platform at an individual site. This file will now be editable. Sites will no longer have to choose a value from this file to define their site, instead they will be able to create a "Host Platform Name".

A.1.3 PROVIDER AND PLACE OF CARE INACTIVATION.

CHCS presently allows authorized CHCS users to inactivate providers and hospital locations by more than one method. CHCS will now maintain consistency when inactivating a provider either by entering an inactivation date in the Provider file, or when DBA-Inactivating Providers. There will also be consistency for the inactivation of Hospital Locations.

A.1.4 E-LEVEL MEPRS EDIT.

CHCS will prevent the entry of an inappropriate requesting location in the DEFAULT LOCATION field in the User Order-Entry Preferences option and in the LOCATION field in the Provider file.

CHCS will also produce two new reports to identify discrepancies for existing data in the Hospital Location file. One report lists hospital locations, when the Group IDs for the location and the location's MEPRS code are not equal. The second report lists hospital locations that have an inappropriate MEPRS code based on the Location Type.

A.1.5 MEPRS PARENT ADDED TO DMIS ID FILE.

SAIC will modify the CHCS DMIS ID Codes file #8103 to include all fields currently provided in the source data file which CHCS receives. CHCS will be modified to use the MEPRS (EAS) PARENT field (new) to determine if a division's workload is eligible for Workload Assignment Module (WAM) workload reporting.

A.1.6 CHANGES TO SUPPORT APV.

When patients are surgically treated and released within twenty-four hours, workload reporting is processed as outpatient workload under the new category entitled "Ambulatory Procedure Visit" (APV). This enhancement requires that the Ambulatory Procedure Units (APU) be set up as unique hospital locations. These APUs have a location type of "Ambulatory Procedure Unit," that replaces the existing "Same Day Surgery" location type.

When defining MEPRS Codes, the system allows the user to flag the appropriate MEPRS Codes as APU MEPRS codes. Additionally, the system allows the user to define the corresponding DGA* MEPRS Code for hospital locations defined as "Ambulatory procedure units" that also utilize an "APU" MEPRS code. This will enable CHCS to record minutes of service for APV workload, and attribute it to the appropriate MEPRS code.

If the patient's APV encounter requires an inpatient admission, the system allows the user to assign the new corresponding Source of Admission Code, "APA - Admission Resulting from APV."

A.1.7 REVISE PROVIDER SCREENS AND PROVIDER FILE.

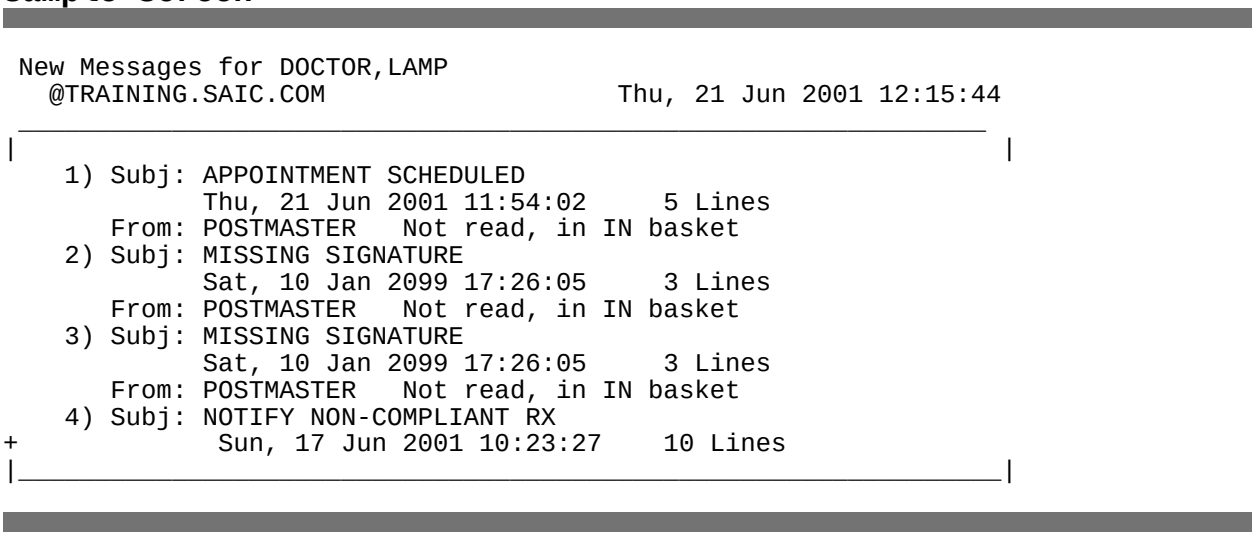
This change redesigns the Provider File Enter/Edit screens and removes obsolete data elements from the provider file. Obsolete data elements have been removed from the provider screens and remaining elements have been rearranged for a more logical grouping.

MailMan Enhancements

The List New Messages (LNM) option on the CHCS user's Mailman menu now offers the user a window screen format for viewing and selecting messages and responses to read. This window allows the user to scroll back and forth through the list to decide which messages to read. Press the select key, only, next to the subject and the message will display. Once the user is finished reading the message and chooses a Message Action the new message window will return for the user to select another message.

Scrolling options include the standard uses of the up or down cursor keys, the [F7] key for bottom of the list, the [F8] key for top of the list and the Next Page/Previous Page keys.

Sample Screen



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APPENDIX B:

MASTER CHECKLIST

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GENERIC CHECKLIST ITEMS FOR ALL USERS

B.1 USER TRAINING.

B.1.1 CLN.

It is recommended the site request Implementation Support for training and user assistance in the new clinical enhancements for this activation.

It is recommended that HCP-level users (Classes 2-4) and Nurse/Clerk-level users (Class 0-1) attend separate demonstrations for clinical enhancements that will be utilized.

Training sessions should include a brief introduction demo covering the Inappropriate Requesting Location changes, and an overview of the Transportable Patient Records, Duty Station and UIC enhancements. Classes should be organized to include the topics below.

HCP-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(30 min)
Discharge Summaries	(30 min)
Problem Lists	(30 min)
Consult Results	(1 hour)
APV Order Entry	(30 min)

Nurse/Clerk-Level users: (Determine length of class by topics)

Introduction Demo	(15 min)
Progress Notes	(15 min)
Discharge Summary	(30 min)
Problem Lists	(15 min)
Consult Results	(1 hour)
APV Order Entry	(15 min)
Immunization Enter/Review (Nurse-level)	(30 min)
Nursing Due Lists	(1 hour)

It is recommended that supervisory personnel, responsible for File and Table maintenance, attend a separate demo to cover the requirements for Progress Notes, Immunizations, Clinical Site Parameters, Consult Procedures, Discharge Summaries and Transportable Patient Records. Transportable Patient Records training is not covered in the core classes.

It is recommended that users who will be responsible for entering APV Minutes of Service attend the PAS demonstration covering this option.

B.1.2 COMMON FILES.

It is recommended that Data Base Administrators attend a two hour demo.

B.1.3 LAB .

There are two LAB IUG documents to reference for this upgrade:

(a) IPDWC Interface to COMED AP: MPL Enhancement DS-IMPL-5000
(b) This IUG: Upgrade to CHCS Version 4.6

A 1.5 hr. demo of general 4.6 changes is recommended for Lab Supervisory Personnel prior to activation. The familiarization training plan is recommended as an alternative if a demo is not possible.

If APCOTS is not ACTIVATED or if the MPL enhancement has already been implemented, a 2 to 3 hour block of time for demo or self study is estimated for a user familiar with CHCS Lab F/T maintenance to prepare for this upgrade. Sites without users familiar with Lab F/T maintenance have two logical choices, (1) subscribe to standard CHCS training {est. 2-3 days} or (2) request onsite outside assistance.

If the site is preparing to activate APCOTS, an additional 2-3 hours is recommended for demo and to answer site questions.

Attendance: Lab KEY POC's: Managers, F/T maintenance, Anatomic Pathology, senior supervisory personnel, Quality Assurance and Lab Trainers.

B.1.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

1. MCP Supervisors, MCP F/T personnel -Screen #1 of change	5 min demo Handout

SET PCM CAPACITY FOR MEDICARE ENROLLEES

1. Enrollment Clerks	Demo	15 mins
2. MCP Supervisors & F/T personnel (includes Enr clerk's demo)	"	30 mins
3. Systems/MCP Sup./F&T personnel Handout: Exception Report		

LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

1. MCP Booking Clerks	15 mins
2. Health Care Finders	15 mins
3. MCP Supervisors	15 mins

DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

1. All Users	Handout of the new screens ...

AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

1. MCP SUPEVRVISORS	Handout - This Change

AD ASSIGNMENT TO EXTERNAL PCM

1. Tricare Enrollment Clerks	15 mins
2. Tricare/MCP Supervisors	30 mins
3. MCP F/T personnel	60 mins

(Class for F/T includes Clerks & Supervisors demo)

PROVIDER PLACE OF CARE INACTIVATION

1. PAS and MCP Supervisors	30 mins

UIC TOTAL SOLUTION

1. MCP Clerks	15 mins
2. DBA Common Files	Refer to CF IUG

EBC

Refer to EBC IUG.

B.1.5 PAD/MSA.

It is recommended that PAD supervisors attend the 1 hour supervisory demo plus the 1.5 hour clerk/general user demo. MSA supervisors and clerks should attend the 1 hour MSA demo.

B.1.6 PAS.

A 2 hour demo is recommended (1 hour for APV users; 1 hour for other PAS users), to be attended by Facility Trainers, Booking personnel, Clinic Supervisors, and PAS file and table POCs.

(See MCP section as well. Sites using MCP may want to combine demos) it combined, schedule a 3 hr. time slot.

B.1.7 PHR.

The time required for training may vary from site to site depending on the functions utilized. Bar Code, the Dispensing Option Enhancement and/or Quick Dispense are optional. The latter two are dependent upon the use of the Ver 4.5 Dispensing Option. If the site chooses not to use any of these, then the remaining changes, except for RX Number Consistency and FDB III, are either passive in nature or will affect supervisory personnel only.

A 1 hour demo is recommended for familiarization training. An additional hour is estimated to demo the Dispensing Option Enhancement, Quick Dispense, and Bar Code changes.

B.1.8 RAD.

RAD USERS: File and Table supervisors should attend a two-hour training demonstration for both modifications to the Print Pull List and Scheduling Parameters Modifications. Both will require file and table maintenance.

File room personnel should attend a one-half hour demonstration on the new Print Pull List option.

B.1.9 MRT.

PAD USERS: Users who are responsible for retiring records to NPRC or transferring records within their CHCS network should attend a two-hour functionality demo/training. This would include all PAD POCs, file room supervisors and personnel responsible for performing transfer/retire tasks.

PAD USERS: If MRT clerks will be creating APV records, they should be available for an APV record creation demonstration of about 30 minutes.

PAS/MCP USERS: If PAS supervisors are going to create a file room for APV records, they need one on one training (if they do not know how to create a file room) of about 30 minutes.

SITE MANAGERS and SYSTEM SPECIALISTS: It is recommended that site personnel responsible for formatting the Record Index/Shipment Data File to ASCII attend a one on one demo of about 30 minutes.

B.2 IMPLEMENTATION ISSUES.

B.2.1 CLN.

Before the Install:

____ 1. It is recommended that the site assess the way they are currently using Consult Orders and determine whether the Consult Results option will be used. Gather data for the File and Table build to be entered post load to include Consult Names and type; Consulting Clinics and Providers; Devices, etc.)

____ 2. It is recommended that the site gather data related to the Ambulatory Procedure Units that are currently in use for File and Table build post load. Coordination with PAS, PAD, MEPRS and Systems Admin is required for this effort.

____ 3. The site should establish what pre-positioned data will be entered for Patient Instructions and Discharge Summary Text to support the Discharge Summary enhancements. Patient Instructions can be entered before the load.

____ 4. It is highly recommended that the site appoint a contact person for Immunization file and table build. This information should be available post load for all immunization file and table requirements.

Post Install:

___ Communicate with other areas and verify that all APV File and Table has been completed before use of this option can be implemented.

___ Assign the necessary security keys for Patient Notes, Consults, transportable records and APV order entry.

___ Identify personnel for each clinic to be responsible for the Problem Selection List entries if this enhancement will be utilized on site.

___ Decide how the Transportable Patient Records options will be utilized at the site.

B.2.2 COMMON FILES.

Pre Load:

___ A meeting must take place between the different sites on the CHCS system to determine if a host platform will be defined and, if so, what values will be used.

___ A meeting must take place between the Data Base administrator and the MEPRS office to determine which MEPRS codes will need to have the "APU Flag:" set to YES and DGA* MEPRS that the APU locations will be linked to.

Post load:

___ In the case of hospital locations with inappropriate MEPRS codes, a determination will need to be made as to who uses the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed. All divisions on the data base need to address this issue.

___ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

B.2.3 LAB.

___ Quality Control Report Menu Option Enhancements

Verify that Quality Controls are defined with a Lab Section. Note that this field in the Quality Control file is not required for defining a Quality Control Specimen ... but is needed for this new enhancement to work properly!

___ LAB HOST PLATFORM PARAMETERS (#8700) - **NEW FILE**

For any site needing to activate APCOTS, FileMan Enter/Edit is still required, but this is now done by accessing file #8700 instead of the LAB MTF (#69.9) file.

___ DBSS activation

(1) The CHCS Program Office will direct when/which sites can activate DBSS. This is not a site decision.

(2) In terms of technical requirements, to support this interface, the minimum DBSS S/W version is 2.01.

(3) Recipients to receive discrepancy BLOOD TYPE bulletin:

For each Lab Division DBSS site, the determination will need to be made concerning appropriate entries to receive the Blood Type Bulletin, bearing in mind that Mail Users and Groups may be division specific and Device file entries are MTF-wide.

___ CHCS BLOOD TYPE TEST

If not already defined, a {non-DBSS} laboratory test can be created for CHCS result entry of a patient's Blood Group and Rh Type. The name of this test can be entered in the Lab Host Platform Parameters file. As this test will be shared system-wide, sites will need to reach an agreement for the name.

Note, if existing CH subscript tests already exist, caution needs to be exercised to ensure that test replacements do not compromise existing ORDER SETS. If an order set is defined with an existing lab test that is going to be inactivated, the order set will need to be edited to delete the old test and to add the new one.

One final note is that certain characters (symbols) may need to be avoided when defining the name of the new test. For example, if "&", "\", or "+" are incorporated into the test name, the result will not be received into CliniComp.

___ DAC Results Report {Amended Results}

As a result of version 4.6 s/w changes, laboratory results amended before the upgrade will not be captured on the DAC report for Amended Results. Since this historical data will not be available after the upgrade, it is suggested that Lab Managers (in each Lab Work Element) print the standard DAC

report for Amended Results if this report is presently being used/monitored by QA. If this is done on a daily basis for the week preceding the upgrade, then on the day prior to the upgrade, there will be only one days worth of data to be compiled and printed {and the report should complete quickly}.

___ DII/LSI Interface

A new Mail Group should be created by DBA to receive DII Error Message bulletins. Depending upon the needs of the site for those bulletins, consideration should be given for division specific mail groups. DII type entries in the Lab System Interface file would subsequently need to be populated correctly with the appropriate mail group for each division. It is NOT recommended that these mail groups be added in the Bulletin file.

After the upgrade, error messages from DII interfaced instruments will begin to display to lab users during TAR as a part of routine operation. These error messages will also begin to populate the DII ERROR INITIALIZATION and the AUTO INSTRUMENT files. In the Auto Instrument file, this instrument generated error message will populate the ERROR CODE and the associated ACTION CODE and ERROR TEXT. The Action Code populated by the error message is the default, "Display Error/Do Not File". Lab F/T action is required to change this Action Code as needed and enter the User Definable Error Message for each error. The User Definable Error Message field is 'free text' and gives Lab F/T users the means to clarify the error display text and to specify the suitable course of action for the lab user to take when the error is encountered. The Lab F/T interaction will continue until all possible errors have been encountered by the DII interfaced auto instrument and as instrument software upgrades are installed with new and/or different error messages.

___ Routine preparations for version upgrades are done:

Verify there are no outstanding Transmittal Lists, Collection Lists and Work Documents. One of the enhancements of version 4.6 is SIR 14744, which establishes an upper limit on batches as 9999. Any Work Document batches greater than 9999 will not be accessible after the load. Even though a laboratory may have work document batch #'s less than 9999, it is still recommended that all work documents are unloaded as a normal precaution prior to the upgrade.

B.2.4 MCP.

USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

POST LOAD

___ Decide on the Grace Period for AD enrolled patients and set the parameter via menu option PARA.

SET PCM CAPACITY FOR MEDICARE ENROLLEES

POST-LOAD

___ Print the Exception Report BENFICIARY CATEGORY/PATIENT CATEGORY DISCREPANCY REPORT.

___ Review the report to correct Patient Categories or registration.

___ Review PCM Groups and revises PCM capacities as needed.

AD ASSIGNMENT TO EXTERNAL PCM

Pre-Load:

___ Determine which external PCMs will be allowed ACTIVE DUTY patients and establish capacities.

Post-Load:

___ Review all external PCMs with agreements of NET and SUP.

___ Define AD capacities for these providers if limit .....

___ Assign new Security Key to appropriate users (sec 2.5).

PROVIDER PLACE OF CARE INACTIVATION

___ CHCS users (i.e., PAS Supervisors, and Managed Care Supervisors) will use the system as they do presently to inactivate and reactivate PAS providers and clinics and MCP providers and places of care. The end result is the same. The process in achieving the end is different.

UIC TOTAL SOLUTION

Pre-Load:

___ Ensure all registrations are correct when feasible

Post-Load:

___ DBA should review reports to correct registrations.

B.2.5 PAD/MSA.

Before the install:

___ Run the MSA and TPC Active Accounts Receivables (AAR) the day prior to the software load.

___ Run the MSA Balance Check two days prior to the software load and log a Support Center Call for any problem accounts.

___ Sites can make good use of Post Master Mailman Messages in order to emphasize key changes which will affect the users after the software load, i.e.: MASCAL Phase II, DD7A Functions, Station/Unit Code Changes, etc.

___ Sites who want to create a DD7A Billing Report for the month during which CHCS version 4.6 is loaded, should take steps to record all applicable outpatient visits which can then be added to the report via the DD7A Monthly Outpatient Billing Process (MBP).

___ Sites may want to run off all templates for Ad Hocs created to support the MASCAL Functionality.

During the install:

___ Track all PAD/MSA activity to be backloaded when the system is returned to the users.

B.2.6 PAS.

___ Sites need to define the HOST PLATFORM NAME, but don't need to do so until after the installation of Version 4.6.

___ File and Table personnel need to review the clinic profiles to ensure they are set up with the correct service.

___ The Service Type file must be populated through BFIL.

___ PAS clinic and provider profiles, templates and schedules must be created and maintained for each APV clinic.

B.2.7 PHR.

If a site plans on using Bar Code:

___ Before deciding to implement Bar Code on all printers, users should plan on a trial period using a limited number. Bar Coded label generation by Datasouth printers will take significantly longer than they are accustomed to(three times as long). And, even if the site has acquired an Intermec printer exclusively for Bar Code, a non-bar coding printer should be kept available for a period of time.

If a site plans on using Dispensing software:

___ It is likely that most sites will have delayed implementing Dispensing Option (Ver 4.5) awaiting the availability of Bar Code. At those sites where this is true, it would probably be prudent to not enable Dispensing Option/Dispensing Option Enhancement II and Quick Dispense until the Bar Code trial has been completed and the label generation time increase has been evaluated by the site.

___ Pharmacy users should be encouraged to mark RXs noncompliant via the DRX option rather than via Noncompliance Data (NON). This will combine multiple RXs for the same patient into one mail message. If this is done via NON, one message will be generated for each RX.

Dispensing Option/Dispensing Option Enhancement and Quick Dispense are enabled at the Division level. It is either on or off for all outpatient sites in a particular division.

___ Caution sites that disabling dispensing software will permanently erase dispensing data recorded to that point.

B.2.8 RAD.

___ Schedule templates will require modification prior to implementing 24-hour scheduling.

___ Existing labels will require re-formatting if new print fields will be implemented.

___ Clinics requiring Radiology to pull records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE.

B.2.9 MRT.

PRE-LOAD

___ It is recommended that old retirement indices be deleted prior to V4.6, as they cannot be deleted once V4.6 has been loaded.

___ Review current record types in the Type of Record Setup. Decide if any new record types need to be created. The PAD POC should check with other divisions prior to the load to see if they will use any new record types and either enter that information into the files or have the individual division POC's enter that into the files after the load.

___ Will PAD or PAS be creating APV records? The APV record must be created using the Create APV menu options from the PAS menu to ensure that the APV record is linked to the ambulatory procedure itself. If APV records are created through the PAD CV option, they will not be tied to the PAS appointment and the APV record tracking number will not be assigned. It must be decided who will create the APV records and if PAD will do so the APV menu can be assigned as a secondary menu.

POST-LOAD

___ Any medical record stored in a file room which does not have a corresponding electronic entry on CHCS MUST be entered onto CHCS or retired using the current manual process.

If there is no electronic record on CHCS and the site wishes to use CHCS to retire these records:

Access the 'Record Initialization' Menu:

1. PAD -> MRM -> TM -> OR -> CB {Create/Edit Batch Lists}
2. Enter patient's name for whom there is no record
3. Record creation date can be 'back-dated' to indicate when the patient was last seen at the MTF. The retire list searches the last patient activity date to put records on the list.
4. Then, PAD -> MRM -> TM -> OR -> NR {Create New Records/Print Labels}

You should now be able to create electronic retire lists using the appropriate search dates. When the RECORD INDEX is created using the Transfer-Retire menu, it will now include these records as eligible to retire.

___ Many facilities have been retiring records electronically on CHCS prior to this software upgrade. If those sites wish to create or recreate a retirement list for those records, the actions listed below can be taken. It will be up to the POC to evaluate how records have been retired and if they desire to do any cleanup.

There have been a number of ways that sites have retired records. Depending on which method was used, the following actions can be taken:

o If records were retired using: MRM-FE-PR
Movement type = Inactivate

No further action is required.

o If records were retired using: MRM-FE-PR
Movement type = Move to Another file area and you've indicated NPRC as an 'Additional MTF' in your files:

Then generate an ADHOC (see software specialist) where 'current borrower' = the NPRC and Home Division = unknown. There has been a software error which sends these record into limbo because of the 'unknown' division. Now have software specialist use FileMan Enter/Edit and input the correct Home Division for those records. Those records will then show when doing an inquiry and the NPRC will be the destination.

o If records were retired using: MRM-TM-TR (Transfer to Other MTF)

No further action should be required.

o If records were retired using: MRM-TM-AC
(Inactivate/reactivate Records).

No further action should be required.

o If records were retired using: MRM-TM-MR
(Move Records to Other File room).

Just access the file room where those records are located and generate a Retire list.

___ When records are added to the Record Index, they are added to the bottom of the list. If records are added AFTER box numbers have been assigned, those records will automatically be assigned to the last box number on the list. Current

NPRC policy requires that all records be filed according to the SSN within boxes. However, Record Indices are easily deleted and can be re-generated so box numbers can be re-assigned.

___ When a Record Index is generated for the retirement of records and the associated Shipment Data File is NOT created, the system will allow the user to SEND the Record Index which will update the record status to RETIRE RECORD. However, under these circumstances, the NOTIFY action is not available and the ASCII fill will not be created.

___ Clinics requiring Medical Records for SCHEDULED APPOINTMENTS MUST be in the BORROWERS SET-UP FILE:

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER:

___ To add clinics to pull list functions so that pull lists can be generated by provider, the RECORD TYPE NEEDED: field in the Borrowers Setup File MUST be populated with the RECORD TYPE needed when 'Record Requests are made when making appointments.

Menu Path: PAD Main Menu->MRM->{file room}->SD->BSU->Select BORROWER: Input Clinic here. At the Records needed field: add appropriate record to be pulled.

___ PAD POC's need to check with POC's from all divisions to decide which record labels need patient address and division.

___ When retiring records, the system searches records for retirement based on Patient Category. Family members are lumped with retiree records. That can present a problem if just family members are being retired. Currently there is no way to differentiate between these two patient categories. The development team is currently looking at this problem.

As a workaround, file areas could maintain family member records separate from Retirees. And then a retirement list could be generated appropriately.

___ The O/P record location field on the mini-registration does not update when records are transferred or retired when the Transfer-Retire option is used. This is being addressed in a SIR being fixed now.

B.3 INTEGRATION ISSUES.

B.3.1 CLN.

CLN/PAS.

___ Contact the PAS POC to verify that PAS Profiles have been updated and schedules have been updated for consulting providers who need to enter consult results for a particular clinic if consult resulting on CHCS is utilized.

Contact the PAS POC to verify that PAS profiles and schedules have been updated to support the use of APV.

CLN/PAD.

___ Identify POC for transportable patient records.

B.3.2 COMMON FILES.

CF/WAM

___ Database administrators, MEPRS personal and WAM personnel will need to coordinate with each other to determine correct default locations for providers, correct MEPRS codes for the CHCS MEPRS file, and correct MEPRS codes for hospital locations.

CF/APV AREAS (CLN, PAD, PAS, MRT)

__ For the APV project, the building of APV MEPRS codes and APU Locations must be complete before other sub systems can do their file and table builds.

Refer to PAS, PAD, CLN, and MRT IUGs

B.3.3 LAB.

___ LAB/INTERFACES

Regarding APCOTS, refer to the MPL Enhancement (Lab IUG).

Regarding DBSS Blood Bank interfaced sites, there are screen changes as a result of this upgrade to the laboratory test ordering screens and results retrieval.

B.3.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

MCP/CONTRACTORS

___ Sites must coordinate with the Lead Agent/Tricare contractors to determine how long a grace period, if any, should be established for AD patients before disenrollment occurs.

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

MCP/PAS

___ Sites enrolling Medicare patients may now establish PCM capacities for each PCM.

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

MCP/PAS

___ If no provider shows in the "Referred by" field, a user can display a list of PCM providers.

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

MCP/DEERS/PAS

___ CHCS will interface with DEERS. DEERS Information stored in the Patient File for patients not enrolled on the local system will be updated every time a DEERS check for that patient is made.

___ Enrollee Lockout must be activated in the clinics to utilize enrollee lockout screen enhancements.

___ All users performing new registrations, full or mini-reg, may be able to view a patient's Tricare status.

E. AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

MCP/DEERS

___ Users may still process conditionally enrolled patients manually as before, although CHCS performs DEERS checks and updates enrollment status every 7 days if appropriate.

F. AD ASSIGNMENT TO EXTERNAL PCM

MCP/DEERS

___ DEERS will count AD personnel assigned to contractor PCMs as being assigned to the contractor and will display that DMIS ID.

MCP/CLN

___ Active Duty Personnel may now be assigned to Providers with Agreement types of NET and SUP.

G. PROVIDER PLACE OF CARE INACTIVATION

MCP/PAS

___ PAS Clinics/MCP Places of Care and providers can be inactivated in a similar manner now.

___ PAS inactivation of Clinics and Providers will affect MCP Places of Care and MCP Providers. MCP Supervisors should be members of PAS Supervisors Mail Groups or have their mail also attached to the PAS bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

___ MCP inactivation of providers via the PAS PROVIDER PROFILE screen in GNET will affect PAS Providers.

___ MCP Inactivation at the Group and Place of Care Level within the menu option GNET ARE NOT PAS inactivations.

___ Inactivation of providers via any other CHCS functionality will affect PAS and MCP. CHCS will display a message informing the user if the provider has open appointments, wait list requests or linked enrollments.

H. UIC TOTAL SOLUTION

MCP/ALL

___ All functionalities will be affected.

___ MCP UIC/PCM links must be reviewed and corrected where necessary.

I. EBC

Refer to EBC IUG.

B.3.5 PAD/MSA.

___ Confirm that all Common File data related to PAD/MSA is entered.

___ Workflow associated with the new APV software is strongly integrated amongst several functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

___ Workflow associated with the new DD7A software is strongly integrated amongst the PAD and PAS functional areas. PAD Supervisors would be advised to initiate communication with their counterparts in the Patient Appointment Scheduling workcenters to assure efficient utilization of this software.

B.3.6 PAS.

___ APV clinic build must be coordinated with CLN and MRT functionalities.

B.3.7 PHR.

PHR/CLN

___ If the site decides to use dispensing software, pharmacy needs to communicate the impact on physician/nurse users. The Patient Order List (POL) displays RX dispensing information and mail messages are generated when RXs are marked non-compliant.

___ Drug lookup of a compounded drug via CLN option DRUG will display the title 'Compounded Drug' and a listing of all the drug products it contains and their respective American Hospital Formulary Service (AHFS) Classifications. Drug lookup by means of '.[therapeutic class]' will include any compounded drugs containing members of the specified class. Compounded drugs will not generate a Patient Medication Instruction Sheet(PMIS).

PHR/CLN/PAD/PAS

___ Discuss procedures for entry of APU orders between Pharmacy, Clinical and PAS/PAD supervisors to ensure the timely ordering and processing of medication and IV orders on APV patients.

PHR/INTERFACES

___ The fill cost is transmitted to CEIS and MCHMIS.

PHR/CF

___ The Provider Screen Changes should be reviewed in the 4.6 Common Files IUG.

B.3.8 RAD.

___ The development of the Ambulatory Procedure Unit will now allow CLN/LAB/RAD/PHR to place and process orders on a new page - Ambulatory Procedure Visit (APU) on the Patient Order List (POL) screen. The APV page is created at the time the Ambulatory Procedure Request is made via Order Entry or by a PAS user when an appointment is 'booked.' When the order is activated, CHCS will communicate a request to schedule an APV appointment through the PAS software. However, the APU page will not be activated until PAS completes the appointment process - KEPT appointment. If pre-op orders are entered on this page but the appointment has not been KEPT, Radiology will NOT be able to see or process these orders, which may result in duplicate order entry once the APU page has been activated.

It is recommended that pre-op x-rays continue to be placed on the 'Outpatient Page'.

B.3.9 MRT.

___ Appropriate file rooms should be created to STORE the NEW Standard Record Types (APV, etc.). Will PAD or PAS create these file rooms?

___ All PAS/MCP personnel responsible for creating APV records must have access to APV file rooms storing those records. This means assigning them file room security keys (if any are assigned to APV file rooms).

___ It must be decided which file/table POC (PAS or MRT) will enter APV file rooms into the system.

B.4 FILE AND TABLE CHANGES.

B.4.1 CLN.

File and table time for data collection and build may be extensive, depending on what enhancements a site chooses to activate and what files were built previous to 4.6. It is recommended that each section of this IUG be thoroughly reviewed before deciding to utilize it's enhancements.

Coordination with other subsystems will be necessary for some of the enhancements. Once a decision has been made, review the File and Table section before activating.

Note: Some F/T build may be done pre or post-load.

___ To support the use of Nursing Due lists, make entry in a new field in the Clinical Site Parameters called 'Days to Collapse the Past APV Page:'. This parameter should be set before the site begins using the APV page options.
Est. Time: 1 minute

___ Work with builder of Common Files to name the APV page by using the first three characters from the abbreviation field in the Hospital Location File (#44) and adding '-APV'. The abbreviations entered for these locations should not begin with the same three characters (i.e. 'SDS...' or 'APU...'). (Refer to Common Files Sections on F/T)

___ If the site plans to use Nursing Documentation options, file and table for the Nursing Order file should be reviewed. (1-4 hrs.)

___ Consults must be defined for a specific clinic to result and designated as SCHEDULED if not currently with that Schedule type (do this post-load so as not to upset current Consult processing). Consults in CHCS are maintained as ancillary procedures.
Est. Time: 1-2 hrs.

___ The Progress Note Title (PNM) option must be populated before the users will be able to document notes.
Time Est.: 1 min./note title

___ Assign the NS DISCHARGE security key for authorized users to access the 'Discharge Summary Enter/Edit' option. Any Nurse/Clerk users who transcribe D/C summaries and all doctors who discharge patients require this key.

Time Est.: 10min/20users

___ Populate the Patient Instructions file with discharge summary instructions. Populate the 'Discharge Summary Text' file with predefined summary templates for import into summaries.
Time Est.: 1 hr. - 1 week (depending on number)

___ Assign NS IMM security key to authorized users who must access the 'Immunization/Skin Test Enter/Edit' option for the purpose of documenting.
Time Est.: 10 min/20 users

___ Review the immunization file in the 'Immunization Maintenance' option (IPM) before the use of this option.
Time Est.: 4 hrs.

___ Assign the DG TRANSPORTABLE RECORDS security key to the appropriate Clinical personnel for this effort.

___ Coordinate with the Systems personnel to define TCPR parameters regarding the IP addresses of sites you wish to communicating with.

___ Ensure that the Clinical Site parameters to enable TCPR Mini-Reg and Purge TCPR records are set. Defaults are Yes and 7 days.

___ Ensure that the Clinical Site parameter for purging Problem Selection Lists is set. Default is 365 days.

B.4.2 COMMON FILES.

Pre Load:

___ Determine which Divisions have inappropriate MTF entries. These will need to be fixed.

___ Determine which hospital locations have inappropriate MTF entries. These will need to be fixed.

Post Load:

___ After all sites on a given CHCS system agree on one name to designate for the System, and values for the other fields in the file, then they can enter a Host Platform.

___ In the case of hospital locations with inappropriate MEPRS codes, A determination will need to be made as to who uses

the location if anyone. If no one uses the location, it should be inactivated. If the location is being used or orders are being made using it as a requesting location then a determination should be made as to what MEPRS code it should be using and whether the "Location Type" is correct.

___ Hospital Locations with the MEPRS code or Cost pool Code inconsistent with the Group ID of the hospital location will need to be fixed.

___ Medical treatment Facility file entries can be edited as necessary

___ APU MEPRS codes will need to be edited.

___ APU Hospital Locations will need to be linked to DGA* MEPRS.

___ Mail bulletins need to be attached to appropriate mail groups for inactivated providers or places of care to insure that system generated messages get to the appropriate people

B.4.3 LAB.

Concerning Anatomic Pathology and APCOTS, this upgrade will not affect sites that have already completed File/Table for MPL. There are no software changes from CHCS versions 4.52 to 4.6.

___ For all DOD-selected and funded sites using APCOTS that have not performed File/Table for MPL, complete file and table build.
Time Est: 1-2 hours.

B.4.4 MCP.

A. USE CURRENT END ELIG DATE TO DETERMINE AD DISENROLLMENT

___ Set Grace Period Parameter field if needed. Default is 120 days if no action is taken.

Menu Path: CA>PAS>MCP>FMCP>FTAB>PARA

B. SET PCM CAPACITY FOR MEDICARE ENROLLEES

___ Reset PCM Capacities if necessary. 5 mins per PCM Group

C. LIST ONLY PCM GROUP MEMBERS IN HELP TEXT

None

D. DISPLAY DEERS INFO IN MTF BOOKING FOR MEMBERS NOT ENROLLED

None

E. AUTOMATIC ELIGIBILTY CHECK FOR CONDITIONAL ENROLLMENT

None

F. AD ASSIGNMENT TO EXTERNAL PCM

___ Define AD capacities for External PCMs with agreement types of NET and SUP via menu option GNET unless unlimited capacities are desired. 15 mins. per Provider Group.

G. PROVIDER PLACE OF CARE INACTIVATION

___ Ensure PAS TaskMan Bulletin, SD WEEKLY CLEANUP, is tasked to run weekly.

___ Attach PAS/MCP Supervisory Mail Groups to the new Mail Bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE.

H. UIC TOTAL SOLUTION

None

I. EBC

Refer to EBC IUG.

B.4.5 PAD/MSA.

Post-load PAD/MSA File and Table changes:
Estimated time: 10-20 minutes

___ Verify that all necessary MASCAL File and Table information has been relocated in the new MASCAL Parameters (MAS). Menu Path: PAD>SDM>MAS

___ The DD7A Outpatient Billing Table should be populated with the correct rates for each B and C level MEPRS code. Menu Path: MSA>D7A>DTE

___ The APV Record Parameters should be populated by authorized Clinical Records Department supervisors.

B.4.6 PAS.

___ The Host Platform name must be entered into the Hospital Location file.

___ The clinic profiles need to be reviewed to ensure that they are set up with the correct service so that booking can search across divisions.

___ The site must populate the Service Type file through PAS post install.

___ APV clinics must be set up in the PAS profiles.

___ Record tracking file rooms must be created for APV records. Any file room security keys need to be assigned APV PAS users.

___ A PAS bulletin SD WEEKLY CLEANUP should be tasked to run weekly. Attach bulletins SD INACTIVATE PROVIDER and SD INACTIVATE PLACE OF CARE to the appropriate PAS and MCP mailgroups.

B.4.7 PHR.

Pre-Load:

___ All items issued as stock should be defined as either 'BULK' or 'CLINIC'. This can be done post-load if the user prefers, however, it must then be done via MSI.

Post-Load: (Can be done at users' discretion, will not affect pre 4.6 functionality)

___ If the site intends to use Bar Code, the 'BAR CODE ENABLED' field, in the Outpatient Site Parameters, must be set to 'YES'.

___ The printer(s) that will print bar coded labels must be defined in the Device File.

___ If the site intends to use Dispensing Option/Dispensing Option Enhancement or Quick Dispense, Dispensing Options must be ENABLED for the appropriate Division(s).

___ Compounded drugs in use should be defined via ADN to include all applicable NDC numbers(to a maximum of 8 NDCs or 8 ingredients). If this is done the Clinical Screening software will act against each ingredient. If it is not the

software will process a compounded drug as if it were a single product.

___ The site should be made aware of the new format of the Refill Grace Period and Scheduled Refill Grace Period fields. The defaults of 75% may be accepted or changed.

___ Non-professional users, e.g., volunteers may be assigned Quick Dispense (QRX) as a secondary menu option.

___ Enter APU clinics in Ward Groups.

___ The local cost field in the Formulary must be populated for accurate cost reporting.

B.4.8 RAD.

___ All Radiology Location schedule templates utilizing 24-hour scheduling will require start and stop time template modification.

___ Enter any record types to be pulled for clinics into the Borrowers Setup File.

___ Add new print fields to Label Print formats if they will be used.

B.4.9 MRT.

1. INPUT STANDARD RECORD TYPES IN TYPE OF RECORD SETUP FILE

___ Populate the STANDARD RECORD TYPE FIELD in the TYPE OF RECORD SETUP FILE for all record types currently utilized, as well as any NEW Standard Record Type to be implemented.

2. CREATE AN 'ASCII NOTIFICATION' MAILGROUP:

___ The System Mail Manager does this. (Menu path: EVE->MM->MGE)

The mailgroup members will be receive a bulletin notifying them that the Record Index/Shipment Data File is ready to be converted to ASCII format and placed on a diskette for shipment to NPRC.

3. ADD 'ASCII' MAILGROUP NAME TO MRT APPLICATION SETUP: (Menu Path: PAD-> MRM->{file room}->SD-> APP->second

screen)

___ After creating RT ASCII NOTIFY mailgroup, enter name of the mailgroup the new ASCII File Mail Group FIELD in the Record Tracking Application Setup.

4. ALLOW BATCH PROCESSING (Menu Path: PAD->MRM->{file room}-> SD->MTS->Movement Type Set-up)

___ The 'Allow Batch Processing' specifies whether a Movement can be utilized when records are retired or transferred.

The 'Allow Batch Processing' field for the NEW Movement Type of RETIRE RECORDS MUST be set to YES by the File room Supervisor

5. CREATE FILEROOMS FOR STANDARD RECORDS TYPES THAT WILL BE USED IN RECORD TRACKING

___ Enter Menu Path: MRM->{file room}>SD->FSU) and create any new file rooms which will be storing new records.

___ Enter new any new record types in the Type of Record Setup (Menu Path: PAD->MRM->{file room}->SD->TYS).

Make sure File room has been added as 'File room Allowed to Store Record.

___ Add Standard Record Type to the Application Setup File (Menu Path: PAD->MRM->{file room}->SD->APP->select DIVISION ->RECORD TYPES screen)

___ Add file room to Borrowers Setup File (Menu Path: PAD->MRM->
file room}->SD->BSU)

___ The Database Administrator must complete the Service and MEPRS code fields in the Hospital Location File for all APV File rooms created (Menu Path: CA->DAA->CFT->CFM->HOS)

B.5 SECURITY KEYS.

B.5.1 CLN.

NS CONSULT RESULTS Allows the user to enter Consul Results and view results after verification.

NS IMM	Allows the user access to document immunizations from the Nursing Menu.
NS DISCHARGE	Allows the Clinical user access to the Discharge Notes option.
GP EUROP1	Allows the user access to problem lists and progress notes from the Order Entry action prompt.
OR MD MNG	Allows the user to access the Table Maintenance Menu option from the Physician menu.
SD APV	Allows the user access to the MAPV option.
SD APV MINSRV	Allows the clinical user to emergently disposition an APV patient from the ORE action prompt to support an inpatient episode that results from an APV visit.

B.5.2 COMMON FILES.

No new Security Keys for CF.

B.5.3 LAB.

No new Security Keys for LAB.

B.5.4 MCP.

CPZ PCM AGR LOCK

This Key is intended for users allowed to assign AD personnel to External PCMs.

Menus Affected:
ER Enrollments
BMCP Batch PCM Reassignment
UBER Batch Enroll AD
UICP UIC/PCM Maintenance
GNET Provider Network

Suggested users: Enrollment Clerks, MCP File/Table personnel, Personnel performing Batch Enrollments, PCM reassignments.

CPZ MCSC

This key is intended only for use with the MCSC interface in selected regions. This is here for documentation only.

DO NOT ISSUE UNLESS TOLD TO DO SO

CPZ DISENROLL-CANCEL CORRECT (EBC related)

This key locks the menu option DCAN (Cancel Disenrollment).

Menus Affected:
CAN Disenrollment Cancellation/ Correction

CPZ TSC LOADER

DO NOT ASSIGN

This key was initially for use with MCSC I and the HL7 MCP transfer. This key should not be assigned to anyone.

B.5.5 PAD/MSA.

MSA DD7A BILLING	Locks access to the DD7A Monthly Outpatient Billing Process (MBP). This key should be given to any/all MSA personnel responsible for processing and finalizing the new DD7A Billing Report
DG APVOUT	Security key restricts access to the report menu of the APV Delinquent Record Tracking Menu. This key should be given to All Clinical Records personnel responsible for APV record completion.
DG APVSUPER	This security key restricts access to the APV Parameters option of the APV Delinquent Record Tracking Menu. This key should be given to the Clinical Records Supervisor
DG APVUSER	This security key restricts access to the APV Delinquent Record Tracking Options. This key should be given to All Clinical Records personnel responsible for APV record completion.
MSA DD7A BILLING	This key will allow a user access to produce an end of month bill for the new DD7A function. This key should be given to MSA personnel responsible for processing this End of the Month DD7A Report.

B.5.6 PAS.

SD APV: Accesses the APV menu.

SD APV KEPTROSTER: Accesses roster of Kept APV appointments.

SD APV MINSRV: Accesses the APV minutes entry/edit screen.

Attach any APV file room security keys to PAS APV users.

B.5.7 PHR.

There are no new Pharmacy security keys for Ver 4.6

B.5.8 RAD.

No New Security Keys for RAD

B.5.9 MRT.

SD APV	Accesses the APV menu Assigned to PAS or PAD users who create APV records.

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APPENDIX C:

TRAINING AND FILE/TABLE BUILD MATRIXES

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TRAINING MATRIX (Version 4.6)

	Demos	Hours	Users	Training	Hours	Users	Handouts*
CLN	Y[1]	4	Nurses/Clks Physicians CLN Spvrs	N	-	-	-
COMMON FILES	Y	2	DBA	N	-	-	-
DTS	N	-	-	N	-	-	-
LAB	Y	1.5	QA/LAB Tnrs F/T POCs	N[2]	-	-	-
MCP	Y	2[3]	MCP/Tricare Enrlmt Clks HCF	N	-	-	-
MRT	N	-	-	Y	2.5[4]	MRT POCs	-
MSA/TPC	Y	1	MSA POCs	N	-	-	-
PAD	Y	2.5[5]	PAD POCs	N	-	-	-
PAS	Y	2	PAS POCs	N	-	-	-
PHR	Y	.5-1.5[6]	PHR POCs	N	-	-	-
RAD	Y	2	RAD POCs	N	-	-	-
WAM	N	-	-	N	-	-	-

*Handouts may be used to supplement demos/training or, in some cases, be used in lieu of training. Appendix E includes the familiarization training plan.

1 -Recommending separate sessions for Nurses/Clerks, Physicians, and CLN Supervisors.

2 -If APCOTS is to be activated, additional 2-3 hours Training for key LAB POCs and F/T Build personnel.

3 -MCP/Tricare Supervisors 2 hours, Enrollment Clerks 1 hour (can also attend portion of above session), Health Care Finders .5 hour.

4 -2 hours, personnel that retire records; F/T Supervisors, 2 hours (can also attend the same session as personnel that retire records); Site Manager or System Specialist .5 hour; PAS Supervisor (if they will enter APV file rooms in system, .5 hour.

5 -First 1.5 hours are for Clerks, an additional hour for Supervisors.

6 -If Bar Code and Dispense Options ARE used, demo will be 1.5 hours. If they are not being used, a .5 hour demo for PHR supervisors only.

FILE AND TABLE BUILD MATRIX (Version 4.6)

	PRE LOAD	TIME	POST LOAD (PRE-USER)	TIME	POST LOAD (POST-USER)	TIME
CLN	DC	8hrs-1 week	N/A	-	FT	4-8 hrs.
CF	DC/FT	8 hrs.	N/A	1 hr.	FT	-
DTS	N/A	-	N/A	-	N/A	-
LAB	N/A	-	N/A	-	FT[1]	1-2 hrs.
MCP	N/A	-	N/A	-	FT	1 hr.
MRT	N/A	-	N/A	-	N/A	1 hr.
PAD/MSA	N/A	-	FT	10-20 Min.	N/A	-
PAS	N/A	-	N/A	.5[2]	FT	1 hr.
PHR	N/A	-	N/A	-	FT	.5 hr.+[3]
RAD	N/A	-	N/A	-	N/A	1 hr.
WAM	N/A	-	N/A	-	N/A	-

Note: The File and Table build estimates may vary. This is an estimated time line for planning purposes. Use the appropriate sections of the IUGs for detailed information.

DC = Data Collection FT = File/Table

1 -LAB file and table is only necessary if APCOTS is being used at site and MPL file and table build is not complete.

2 -For PAS, this time can be used for MRT instead (depending on who builds the file rooms.

3 -PHR file and table estimates will depend on which functions are being used (Dispensing option, Barcode, etc.)

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APPENDIX D:

DATA COLLECTION FORMS

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Data Collection Forms

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APPENDIX E:

FAMILIARIZATION TRAINING PLAN

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Familiarization Training Plan

Version 4.6 contains some enhancements that are optional and may not be used at your site.

For the following functionality, the applicable parts of Section 3 of the 4.6 IUG are in parentheses.

This training plan is written so that the student can proceed through this outline and learn the new enhancements in Version 4.6. Since the deployment of Dispensing Option, Version 4.5 functionality, was delayed pending availability of Version 4.6 Bar Code functionality, information originally published in the Ver 4.5 IUG will be repeated here. In that way, the student can become familiar with the entire functionality at one time.

DATA

There is certain material that must be pre-positioned in the TDB before beginning:

1 - Sign on with the Access/Verify codes of PHRGENALL, PHRGENALLV, Division: DIV A

2 - Set the OP Site Parameters (Menu Path: SFM -> OMM -> SIT -> MAIN pharmacy) as follows:

Profile Type: ONE-LINE PROFILE
Prompt for Label Printing: NO

3 - SWITCH to DIV B

4 - Set the OP Site Parameters as follows:

Profile Type: ONE-LINE PROFILE
Prompt for Label Printing: NO

5 - Enable the Dispensing Option (Menu Path: SFM -> OMM -> DPS -> [DIV B] - [YES]

6 - SWITCH to DIV A

7 - Enter an ASPIRIN allergy for MOUNDS,ALLAN (Menu Path: ^ALL from any prompt or OPM -> Main Pharmacy -> PDM -> MOR -> [MOUNDS,ALLAN] -> <DO KEY> -> <CR> -> ENTER/EDIT ALLERGY INFORMATION NO// Y -> [ASPIRIN] -> <Select Key> -> <CR> -> <CR> -> <CR> -> File/Exit)

8 - Sign into Main Pharmacy (Menu Path: OPM -> [Main] -> Label Printer: <CR> -> PM -> RX)

Enter RX for MOUNDS,ALLAN: MOM, UD HS #1 RF1, Dr. Hartman

9 - Print the label for this RX (Menu Path OPM -> [Main] -> PM -> BPL -> Enter Selection:A// <CR> -> Select Baker Cell: GENERAL BAKER// <CR> -> Device: [NL-OP] -> Requested Start Time: NOW// <CR>)

10 - Dispense this RX (Menu Path OPM -> [Main] -> PM -> DRX)

11 - Sign on as the Training Manager (codes A:JABBER, V: WOCKY) Division: DIV A (Menu Path: CA -> CLN -> Physician -> ORE -> [N] -> [RX]). Requesting Location = Medical Care Ward 10A

Enter RXs for MOUNDS,ALLAN:

A. ASPIRIN 325MG TAB T1 QD #30 RF0 (Override the Warning)
B. HCTZ 50MG TAB T1 QD #60 RF2
C. HC Cream 1% UD #1 RF1
D. TOLNAFTATE CREAM 1% UD #1 RF1 (Specify CENTRAL as dispensing pharmacy)

Quit and Activate.

12 - Via pharmacy pathway using Menu Path in #9 above, print the labels. SWITCH to DIV B, CENTRAL pharmacy and print the Labels.

13 - Sign on as JABBER WOCKY. SWITCH to DIV A. Renew the HCTZ prescription and modify the HC Cream prescription.

(Menu Path: CLN -> Physician -> ORE -> [MOUNDS,ALLAN] -> Requesting Location: [MEDICAL CARE WARD 10A] -> Select CLINICAL SERVICE/MEPRS CODE: AAA (INTERNAL MEDICINE)// <CR> -> [DPOL] -> [RU (renew) or M (modify)] -> <Select Key> -> <CR> -> [test] -> <CR> -> [Q] -> [NO] -> <CR>)

14 - Batch Print the labels using Menu Path in #9.

TRAINING EXERCISES

I. DISPENSING OPTION - REVIEW

Sign on as PHRGENALL, PHRGENALLV, Division: DIV A.

A. Enabling the Dispensing Option
Menu Path: SFM -> OMM -> -> DPS -> DIV A

1. New option on Outpatient Supervisory Menu

2. **DIVISIONAL** access - therefore, all pharmacies in the division are enabled.

3. Toggle option: **OBSERVE - MAKE NO ENTRY**

   if ENABLED, user is asked,

   "DISABLE Dispensing Option? (N/Y) N// "

   If DISABLED, user is asked,

   "ENABLE Dispensing Option? (N/Y) N// "

4. F10 to Exit

B. Dispensing Option

1. Enter an RX for MACE,INEZ
   Menu Path: OPM -> Main -> <CR> -> PM -> RX

   TIMOPTIC 0.25%/GTT #1 UD RF2; use
   Dr. Hartman for Authorizing HCP.

2. DRX Option
   Menu Path: OPM -> Main -> PM -> DRX -> [MACE,INEZ]

   a. Note screen format

   > Actions displayed on the Action bar at the bottom of the screen are conditional, depending on what the needs are for the displayed RXs, i.e. the **C**lear action item appears only if there is an RX in Warning **and** if the user holds the PSGRPH security key.

   > Note TIMOPTIC RX - label has not printed yet, so the STATUS = F and FILL DATE = Suspense. No action may be taken on this RX.

   > Using the same Menu Path, substitute patient MOUNDS,ALLAN

   > Do **I**nquiry, choose ACTIVE prescriptions. Notice on patient's profile that the T3 and Chloral Hydrate RX's do not appear on the Dispensing Profile. This is because the most recent fills were processed outside of the Dispensing Option Display Period or the Dispensing Option was Disabled. This period is 14 days or the Pickup Grace Period plus 4, whichever is greater.

Press <Return> to return to the Dispensing Profile.(Press <CR> to return to Dispensing Profile)

> Main Pharmacy = DIV A. Therefore, DIV A pharmacies are listed first, highlighted, and numbered. Only highlighted RXS can be acted upon. The RX processed at CENTRAL (DIV B) is dim and cannot be acted upon.

> Renewed and Modified RXs have an 'R' or 'M' next to the status.

> The c**O**rrection action item accesses the Undispense screen where already dispensed prescriptions can be 'Undispensed'.

3. Batch Print Labels
   Menu Path: OPM -> Main Pharmacy -> PM -> BPL -> ALL

4. DRX Option again (Select Patient MACE,INEZ)

   a. TIMOPTIC is no longer in SUSPENSE

   b. **C**lear Aspirin RX and **D**ispense.

   c. Mark HCTZ **N**on-compliant

   d. Via Action Item c**O**rrection, **U**ndispense Aspirin

5. Sign on as Dr. Lamp (codes, A: DRLAMP, V: DRLAMPV)
   Menu Path: CLN -> Physician -> ORE (Patient MACE,INEZ)

To see dispensing information, type DPOL at the Action Prompt.

Access Mail. Read message which resulted from marking the HCTZ prescription non-compliant.

II DISPENSING OPTION ENHANCEMENT

This functionality prevents the taking of actions deemed to be inappropriate when a prescription's most recent fill or refill has been marked dispensed. Before these actions can be taken the prescription must be undispensed.

Sign on as PHRGENALL, PHRGENALLV, Division: DIV A.

A. Via OPM -> [main] -> PM -> DRX, **D**ispense the HCTZ, HC Cream. **C**lear and **D**ispense the Aspirin for MOUNDS,ALLAN.

B. Inappropriate Actions. (3.1.2.2)

1. Attempt to Edit a dispensed RX
   Menu Path: OPM -> Main Pharmacy -> <CR> -> PM -> EAP

   a. Choose patient MOUNDS,ALLAN, HCTZ RX

      > Read the displayed message, accept the default (N)O. The RX remains dispensed.

      > Repeat the same steps but this time enter (Y)ES. The Edit A Prescription Screen displays. Exit without editing.

2. Do a Prescription Inquiry on this RX
   Menu Path: OPM -> Main Pharmacy -> <CR> -> PM -> PRI

      > View the Activity Log. Note that the RX status changed from Dispensed to Undispensed. This status change will occur whether or not the RX is actually edited. The determining factor is the entry of "YES". This same thing will happen if you attempt to Cancel, Forward, or Partial Quantity Dispense.

3. Refill an RX
   Menu Path: OPM -> Main Pharmacy -> <CR> -> PM -> RAP

   a. Choose patient MACE,INEZ HC cream RX
   b. Batch print label as before.

4. Dispense the refill(HC Cream) Menu Path: OPM -> Main Pharmacy -> <CR> -> PM -> DRX

5. Attempt to mark this refill Non-compliant (NON).
   Menu Path: OPM -> Main Pharmacy -> <CR> -> PM -> SPM -> NON

      > Read the message displayed. The same thing will happen if you attempt to Remove a Refill Error (RRE).

6. Enter SPM -> NON; Use patient MOUNDS,ALLAN, Select Bacitracin from the Active RX profile.

> Read the message. This message is displayed when a prescription's last dispensed date is older that the Dispensing Profile Display Period. This RX cannot be marked undispensed and no action may be taken against it.

III. Ambulatory Procedure Visits

The following plan may be used to demo the Ambulatory Procedure order entry procedures. Explain to users that Order entry procedures for APR orders are the same for HCP-level users, Nurse-level users and Clerk-level users. APR orders entered by any level ORE user will always be active/pending appointment or scheduled.

Following these steps, Pharmacy users may see the origination of the APV page, the placement of a MED order, then the access of the order from the Pharmacy menu.

A. APV ORDER ENTRY PROCEDURES.

1. SIGN IN AS **DRLAMP**.

2. Select Physician (Nursing) Menu Option: **ORE**

3. Select PATIENT NAME: **BEAN,LINDA**

   The instructor may take this opportunity to demonstrate the IRL Screening that is done in version 4.6 at this prompt by entering OUTPATIENT RECORDS as the requesting location. The EKAA MEPRS code for this location will not be accepted and the user will be prompted for a CLINICAL SERVICE/MERPS CODE. The instructor can demonstrate the error message by having the user type EKAA at the MEPRS code prompt.

4. Select REQUESTING LOCATION: **BHAA** (PRIMARY CARE CLINICS)

5. ACTION: **NEW**

   (Nurse user) Select Ordering/Authorizing HCP: **DOCTOR,LAMP**

6. ORDER TYPE: **APR** (AMBULATORY PROCEDURE REQUEST)

7. Select APV LOCATION: **BAA5** (APU INTERNAL MEDICINE)

8. Requested APV Date/Time: **T**(oday)

9. APV Procedure: **BRONCHOSCOPY** (30 character free-text)

The information entered in this field will appear for the Patient Appointment (PAS) users as the Reason for Appointment when the appointment is scheduled and as the Order Comment on the POL.

10. Requested APV Physician: **<RETURN>** (Leave Blank)

    The Requested APV Physician is not required but will allow the user to enter the name of a provider, from the Requested APV Location's provider profile, they would like to perform this procedure. This request will display to the PAS user scheduling the appointment but can be overridden by the PAS user when booking the appointment. When the appointment is scheduled, the provider who the appointment is scheduled for appears in this field when the order is expanded.

11. Appointment Comment: (enter procedure history)

    The user may enter more descriptive information for this visit. This will display on the expanded order.

12. File/Exit.

    Show the user that once the APV order is filed, the default POL will be the INT-APV POL and the user can proceed to enter orders to be associated with this visit.

B. THE APV PATIENT ORDER LIST (APV POL).

   Enter orders on the APV POL for a MED order.

   Orders entered on the inactive APV page will be FUTURE orders. ADT should be used as the Start Date/Time for orders entered on the inactive APV page to facilitate their activation at a time based on the activation of the APV page. If ADT is not used, the orders will be placed ON HOLD when the page is activated because the date of the order will have been before the date of the page activation. When this happens, the orders will have to be modified to change the date/time to a date/time after the POL activation date/time or the order can be completed. Show the user that ADT will be the default start date/time for MED, RAD and NRS orders.

1. ACTION: **NEW** (attempts to link with an appointment)

   (Nurse user) Select Ordering/Authorizing HCP: **DOCTOR,LAMP**

5. ORDER TYPE: **MED**

   Select INPATIENT MEDICATION: **MOT400** (IBUPROFEN-PO 400MG TAB)

CODE: (BLANK)
==========
ROUTE: **ORAL**
PRIORITY: **ROUTINE**
NUMBER of MG(s) per Dose: **400**
DOSAGE COMMENT:
POST OP PRN PAIN
SCHEDULE TYPE: **PRN**
ADMIN TIME(S):
Q4H
FREQUENCY: **QD** DURATION: 99//**1**
START DATE/TIME: **ADT**
==========

File the order and return to the POL. Notice the order is flagged "Future." Order more medications or IV's if desired. Exit the Patient order list with "Q" at the ACTION prompt.

Pharmacy Processing of APV Page MED Order

1. Now log on as a Pharmacist (PHRGENALL/PHRGENALLV), use DIVISION A Menu Path: UDM -> (Select INPATIENT PHARMACY SITE: Inpatient Pharmacy)IOE -> EMI (Patient: Bean,Linda)

Notice that the orders are not shown. Press the left arrow key to move the cursor to the APV POL and press RETURN to see the APV page. Now the order(s) show on the POL.

Exit the POL

2. Process the Orders

- Future MED labels may be printed based on the SCHEDULED DATE OF THE APR ORDER. Menu Path: PHR -> UDM -> PFM (accept defaults until the TYPE is reached, then select APV)

- Future IV labels may be printed also based on the SCHEDULED date of the order.

- MED Order lists can be printed based on the SCHEDULED date of the APR order as well. Menu Path: PHR -> UDM -> PPM

- For active orders (i.e., not FUTURE), the processing is unchanged to that previous to 4.6. Orders become active once the APV page is activated by PAS.

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APPENDIX F:

SAMPLE REPORTS

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Sample Reports

TRAINING MEDICAL TREATMENT FACILITY

21 Jun 2001@1455 Page 8
Personal Data - Privacy Act of 1974 (Pl 93-579)

OUTPATIENT PHARMACY DRUG UTILIZATION REVIEW
Sorted By: Patient
For Fill Dates: 19 Jun 2001 through 21 Jun 2001
Division: DIV A - TRAINING HOSPITAL, Outpatient
Site: MAIN PHARMACY

Patient	FMP/SSN	RX#	Drug
Qty Physician		Type	
NEWELL,EARL E	20/405548045	M547	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,FLORENCE F	20/406558055	M548	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,GEORGE G	20/407568065	M549	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,HOLLEY H	20/408578075	M550	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,IAN I	20/409588085	M551	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,JACKIE J	20/410598095	M552	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
NEWELL,LINDA L	20/412618115	M553	ERYTHROMYCIN BASE--PO 250MG TAB
20 NELSON,ROBERT	NEW		
Sig: T1 PO QID #20			
PMTTEST,PATIENT	20/000000001	M520	IBUPROFEN--PO 400MG TAB
120 TRAINING,MANAGER	NEW		
Sig: T1 TAB QID			
ROBINSON,ALLISON	30/600420329	M12153	TYLENOL #3(OR SUBST)--PO TAB
40 DOCTOR,AARON	NEW		
Sig: T1 TAB PO Q6 PRN FP			
ROBINSON,BARBARA	31/600420329	M12154	TYLENOL #3(OR SUBST)--PO TAB
40 DOCTOR,BAKER	NEW		
Sig: T1 TAB PO Q6 PRN FP			
ROBINSON,CHRISTINA	32/600420329	M12155	TYLENOL #3(OR SUBST)--PO TAB
40 DOCTOR,CABO	NEW		

```
   Sig: T1 TAB PO Q6 PRN FP

ROBINSON,DIANE            33/600420329    M12156     TYLENOL #3(OR SUBST)--PO TAB
40   DOCTOR,DAVIS               NEW
   Sig: T1 TAB PO Q6 PRN FP

ROBINSON,ELIZABETH        34/600420329    M12157     TYLENOL #3(OR SUBST)--PO TAB
40   DOCTOR,EADY                NEW
   Sig: T1 TAB PO Q6 PRN FP

ROBINSON,FAYE             35/600420329    M12158     TYLENOL #3(OR SUBST)--PO TAB
40   DOCTOR,FAIR                NEW
   Sig: T1 TAB PO Q6 PRN FP

ROBINSON,GRETCHEN         36/600420329    M12159     TYLENOL #3(OR SUBST)--PO TAB
40   DOCTOR,GALE                NEW
   Sig: T1 TAB PO Q6 PRN FP

ROBINSON,HEATHER          37/600420329    M12160     TYLENOL #3(OR SUBST)--PO TAB
40   DOCTOR,HAAS                NEW
   Sig: T1 TAB PO Q6 PRN FP
```

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APPENDIX G:

BAR CODES

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BAR CODE PRINTER CONFIGURATION

1. Datasouth 300 Printer

a. Device Subtype: P-DATASOUTH OP BC (27X27)

b.

Value		Feature #
9600	=	1
82	=	6
27	=	2, 4
11	=	23
10	=	9, 15
8	=	11
1	=	3, 5, 10, 13, 17, 18, 20, 21,
0	=	12, 14, 16, 19, 27, 28, 31-36, 38-44, 46-48, 50-52, 55-60, 62-65, 67-79, 81-83, 85-93, 95-99
0 1	=	7, 8

2. Intermec 4100 Printer

a. Device Subtype: P-INTERMEC4100 LANDSCAPE

b. Dip Switch Settings: Top Bank: 1, 5, 7 Set to ON
Lower Bank: 1 Set to ON

3. Bar Code Reader

the bar code wedge reader used to scan pharmacy bar code must have the following features:

1. Capable of reading the Interleave 2 of 5 with a fixed length of 12 symbology.

2. Capable of inserting a preamble, a character that is transmitted to the system prior to transmitting the bar code. This character must be a "Control+]" that has the ASCII value of 29. If the reader is incapable of inserting this preamble, the bar code will be ignored by the system.

3. Capable of inserting a postamble, a character that is transmitted to the system following the successful scanning of a bar code. This character must be a Carriage Return that has the ASCII value of 13.

All these conditions must be met for the bar code reader to successfully scan a pharmacy bar code into CHCS. It should be noted that if the scanner can be configured as described above,

the reader should also be able to read the bar code on Military ID badges if correctly configured for that symbology.

4. Device Edit Entries:

a. INTERMEC

```
Name:                                   $I


Location of Terminal
Subtype: P-INTERMEC4100 LANDSCAPE              Type: TERMINAL
Keyboard/Terminal Type:
Ask Device: YES     Ask Right Margin: NO       Node:
SUPPRESS TRAILING FORM FEED:
-------------------------------------------------------------
                       Default Data
Margin Width: 27          Form Length: 27      Back space:
Left Margin:              Page Length:
Form Feed: #

-------------------------------------------------------------
                      Optional Data
p
```

b. DBARCODE

```
Name:                                   $I

Location of Terminal
Subtype: P-DATASOUTH PS OP BC (27x27)          Type: Terminal
Keyboard/Terminal Type:
Ask Device: YES     Ask Right Margin: NO       Node:
Suppress Trailing Form Feed: NO
Spoolable: SPOOLABLE
Notes: If BAKER CELLS are in use or, if the device type is
       ATC set Spoolable value to NOT SPOOLABLE.

-------------------------------------------------------------
                       Default Data

Margin Width: 27          Form Length: 27      Back Space:
*Left Margin: 6           Page Length: 27
Form Feed: #

-------------------------------------------------------------
                      Optional Data

p
```

*NOTE: The left margin can be tailored to the site's needs depending on the placement of the pharmacy label.

Recommended VMS device settings for DataSouth and Intermec Printers

```
Terminal: _LTA202:  Device_Type: Unknown          Owner: No Owner

     Input:  9600   LFfill:  0     Width:  80     Parity: None
     Output: 9600   CRfill:  0     Page:   24

Terminal Characteristics:
     Interactive    Echo             Type_ahead      Escape
     Hostsync       TTsync           Lowercase       No Tab
     Wrap           Hardcopy         No Remote       Eightbit
     No Broadcast   No Readsync      No Form         Fulldup
     No Modem       No Local_echo    No Autobaud     Hangup
     No Brdcstmbx   No DMA           No Altypeahd    No
Set_speed
     No Commsync    Line Editing     Overstr Edit    No Fallback
     No Dialup      No Secure server Disconnect      Pasthru
     No syspassword No SIXEL Graphic Soft Characters Printer
port
     Numeric Keypad ANSI_CRT         No Regis        No
Block_mode
     Advanced_video Edi_mode         DEC_CRT         DEC_CRT2
     DEC_CRT3       No DEC_CRT4      No DEC_CRT5
     No Ansi_Color
     VMS Style Input
```

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